


social work with groups 1959

**SELECTED PAPERS FROM THE
NATIONAL CONFERENCE ON SOCIAL WELFARE**

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**NATIONAL ASSOCIATION OF SOCIAL WORKERS
95 Madison Avenue New York 16, N. Y.**

PRICE: \$2.50

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NATIONAL ASSOCIATION OF SOCIAL WORKERS
Printed in U.S.A.



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Introduction

Group work is a term used to convey various distinct but related meanings: (1) a helping process where the group is used as the medium through which the social worker helps individuals with problems of social functioning; (2) a service to people where the unit is the group—where decisions about intake composition, leadership, and timing are made according to social work knowledge and skills, and where supervision and administration are primary processes; (3) a segment of social workers whose major competence by virtue of education and experience is social group work.

Papers in this volume were selected with all three meanings in mind. The first seven articles illustrate the worker's use of the group as a medium for helping individuals with problems in social functioning. The settings and problems vary greatly. The similarities in the use of the group by the social worker provide the common thread.

"Impact of Social Change on Agency Administration," by Sanford Solender, draws from the group service agency field for illustrative purposes, while the two papers on volunteers are from both a mental hospital and a group service agency. Robert Vinter in "Group Work: Perspectives and Prospects" presents a position, documented with facts, stating a proposal on how the profession might consider deploying its presently short supply of professional social group workers. Although only one segment of the profession is highlighted, the author alludes to a problem facing all social workers, namely: should not the profession itself assume more leadership in how its workers are deployed? The volume concludes with a proposal regarding research in group work, an activity much too neglected in the past

and selected for this volume because of the importance of increased evaluative work.

This is the third year the NASW has joined with the National Conference on Social Welfare in publishing this important material. It is the hope that readers of this volume will gain insight into several vital facets of social work practice.

The Editorial Committee was composed of: Chairman, Helen Northen, Professor, University of Southern California, Los Angeles; Gladys Ryland, Field Staff, Community Division, National Board of the YWCA, Western Region, San Francisco; Florence T. Scott, Executive Director, Marin Council of Community Services, San Rafael; Beatrice Saunders, Publications Director, National Association of Social Workers, and Florence Ray, Assistant Director, National Association of Social Workers, Group Work Section, *ex officio*.

Knowledge and skills used in social group work practice

BETTY SCHWARTZ

Like Joanne Woodward in her Academy Award-winning performance, *The Three Faces of Eve*, group workers in deciding upon their professional identification have had to select for themselves one or a composite of three possible faces—that of education, of recreation, or of social work. Since the establishment of a group work sequence in social work education in 1923, the trend has been toward identification with social work. The affiliation of the American Association of Group Workers with the National Association of Social Workers in 1955 demonstrated that group workers had clearly selected for their self-image the face of social work. This decision is reflected in the following statement by Helen Northen: "The general goal of all social group work is to effect changes or adaptations in an individual's attitudes, relationships, and behavior to the end that he may develop greater personal adequacy and improved social adjustment."¹ From this definition it is quite clear that our goals are aligned with social work.

Social group work, like social casework, is concerned with the client's ego functioning and mechanisms of defense against anxiety. The group can become a useful testing ground for helping people

¹ Helen Northen, "Evaluating Movement of Individuals in Social Group Work," *Group Work Papers 1957* (New York: National Association of Social Workers, 1958), p. 29.

to understand social realities and to test out ways of handling living situations. The focus of the practitioner must be not only upon the relationships of individuals within this small treatment group, but also upon their life relationships. This focus is essential, since significant progress in ego functioning must be judged principally by an individual's adjustments outside the therapeutic group. This paper describes the social group work practitioner's tasks of developing a therapeutic group atmosphere; diagnosis and evaluation; establishing relationships; and ongoing treatment.

Therapeutic Atmosphere

In considering the task of creating a group treatment milieu, we recognize that we are in a sense producing a replica of the family situation. The group is symbolic of the family unit with the social worker as the parent figure and the other members as the sibling figures. The group provides protection for its members from the overpowering parent figure. If a situation becomes too threatening, individuals can utilize their relationships with one another to defend themselves from the social worker. Essentially, the members feel that, since together they outnumber the worker, they cannot be destroyed by him. Thus the group environment creates an atmosphere that tends to lessen the clients' frightened and anxious reactions toward the worker. This reduction of fear and anxiety has the direct effect of encouraging members actively and rapidly to test the group worker. This testing is directed at determining whether he is trustworthy and whether he accepts, cares about, and sincerely wants to help them. Thus, according to Harris B. Peck and Virginia Bellsmith, individuals in the group are able "to reach out and accept help from an authority figure at a time when it might be too threatening . . . to do so if confronted by the therapist alone."²

In addition to understanding these basic reactions to the social group work situation, the practitioner must be aware of the possible emotional impact of the physical environment of the agency's meeting place on its clientele. Primitive camping, for example, tends to arouse fear and anxiety in disturbed children and to provoke regressive behavior. On the other hand, the physical setting can be designed to promote feelings of relaxation and security. In the beginning

² *Treatment of the Delinquent Adolescent: Group and Individual Therapy with Parent and Child* (New York: Family Service Association of America, 1954), p. 26.

period of working with a group, the focus is normally upon lessening fearful or anxious feelings and upon overcoming the distance between the clients and the social worker. For this reason the physical setting should be similar to what is familiar, and should point up the agency's concern and respect for group members' needs and interests. In addition the furniture and equipment should be compatible with the subcultural taste patterns of the agency's clients. In working with adolescents you would not have Mozart recordings for youngsters who go for rock'n'roll. Thus the group atmosphere can be utilized to develop the clients' feelings of acceptance and trust in the worker and the agency. After a positive and helpful relationship with group members has been established, anxiety-provoking settings, such as primitive camps, may be utilized successfully in effecting constructive changes.

In attempting to develop a therapeutic group climate, the worker must be concerned with the effect of the group composition upon its members. In forming groups the decision about who will be included in a grouping is of crucial importance. The manner in which persons respond to one another may either increase or decrease individuals' feelings of fear and anxiety and intensify or lessen their use of defense mechanisms. In developing a treatment atmosphere, our goal is that of achieving sufficient homogeneity to create a feeling of oneness and sufficient difference to stimulate constructive interaction. This has the effect of reducing tensions and softening defenses so that individuals can begin to face and cope with their problems. Attention should be given to such factors as similarities in age, social maturity, socioeconomic backgrounds, and opportunities for common experience outside the group. Vitally important is a common denominator in the symptoms or behavioral pattern and similarity in the degree to which conflicts are acted out or internalized. Individual variations in ego strength and reality orientation are essential in order to provide opportunities for members to identify with another's more socially acceptable method of handling a situation and to recognize the potential danger of another member's destructive behavior.

Finally, in creating a group atmosphere conducive to individual change, the practitioner needs to help develop agency policies that are treatment-oriented. Numerous therapeutically geared policies have been employed by Fritz Redl and David Wineman in the treatment of delinquent youth. For example, smoking was openly permitted so that this symptom could be dealt with clinically rather

than allowing it to continue as a secretive delinquent activity.³ Social group workers in other situations must aid in the development of treatment-oriented policies. The basis for such policy formulation is the social group worker's diagnosis of members' problems and his analysis of the pattern of similarities and differences in these individual diagnoses.

Diagnosis and Evaluation

Diagnosis and evaluation begin when the agency first considers service to individuals, and continue as ongoing processes. The practitioner bases his diagnosis and evaluation upon information obtained from family members, staff of other agencies or institutions, group members, and the client himself. The individual's verbal and non-verbal behavior in the group provides a primary source of diagnostic material. In overt behavior we can observe the strengths and weaknesses of the ego in operation. This observation helps the social group worker to answer the diagnostic question, "How does this person function in his social relationships?" The group worker focuses his attention upon such aspects of the individual's ego functioning as his use of controls over his behavior, his concept of himself, and his reality orientation. In addition, examination is made of the individual's symptoms and mechanisms of defense against anxiety. In forming a diagnosis the social group worker determines whether the member denies the existence of difficulties or rationalizes about the consequences of his behavior. Finally, the practitioner evaluates the client's value system, relationship capacity, self-centeredness, and need for immediate gratification.

Knowledge of the individual's behavior pattern outside the group is of utmost importance in enabling us to establish a good beginning relationship. At times a member's initial handling of group relationships may present a striking contrast to his usual method of handling life situations. In one example,

Gloria's behavior in school, home, and community pointed up her low frustration level, need for immediate gratification, and lack of controls over her aggressions. She stole, had temper tantrums, fought with her peers, expressed hostility toward her teachers and parents, and ran away from problems. During the first group meetings Gloria related warmly and positively

³ Fritz Redl and David Wineman, *Children Who Hate* (Glencoe, Ill.: The Free Press, 1951), p. 39.

to others and to me. It was difficult to believe that this was the same adolescent who had been referred for her acting-out hostile behavior.

If the practitioner were to base his diagnosis exclusively upon the material presented in the group, he might erroneously accept the person's denial of problems at face value. Instead, by utilizing information gained from other sources, the social group worker can evaluate the defense mechanism of denial in the client's resistance to accepting help and his fear of losing control over his aggressive drives. As Annette Garrett points out, "the strength of the resistance is in direct proportion to the strength of the drives or the objective anxiety the ego is attempting to handle by the best method at its disposal."⁴

Establishing Relationships

In developing an effective helping relationship with group members, the social worker needs both a clear understanding of resistances and skill in dealing with them. Resistance of individuals to social group work help may be expressed in three different forms. The first is defense against being changed by the group through conformity to the group. Second, the individual may resist the social worker's help through the expression of negative behavior and the direction of hostility toward the worker. In this instance the client's behavior may be directed at convincing the practitioner that his problems are too acute to be solved and that he will reject any helping efforts. Finally, resistance may take the form of suspicious or passively hostile withdrawal from the group worker in order to prevent the parent figure from having knowledge of his difficulties or helping him to cope with them. In most groups all three expressions of resistance are evident to some degree. Occasionally one or more persons may use one form which becomes contagious. However, in all cases the initial focus is upon reducing feelings of anxiety and lessening the need for rigid defenses. With the softening of the defenses the worker can give support to the person's ego strengths and help him overcome his ego deficiencies.

In working with an individual who denies aggression through conformity, the primary focus is to help him express his hostility in

⁴ Annette Garrett, "Modern Casework: The Contributions of Ego Psychology," in Howard J. Parad, ed., *Ego Psychology and Dynamic Casework* (New York: Family Service Association of America, 1958), p. 48.

the protected group setting. For example, the group worker can help a person like Gloria to overcome her fear of being rejected for her aggressiveness by the way in which the worker understands and accepts other aggressive members. Moreover, the fear of hurting herself through loss of control over her impulses can be reduced when she sees the worker protecting others. In developing the relationship with the group member the practitioner accepts and supports the positive ego strengths displayed by this person. The social group worker uses the initial positive response of the client to build a warm, trusting relationship. Later on this trust can be employed to help the individual with successive serious problems.

In relating to the group member who expresses his resistance through negative and hostile behavior, the social group worker may experience the hostility as a personal threat both to his own defenses and to his desire to perform an effective social work job. With a group of hostile, aggressive, acting-out individuals the worker faces the acid test of his ability to understand and accept the negative aspect of ambivalence. In order to work effectively with negative behavior, the practitioner needs to understand his own reactions so that they will not weaken his power to focus objectively upon the problems of the members. It is also essential to understand what is behind the group member's hostile behavior. Understanding of self and client is vital if the worker is to avoid the trap of responding to anger with anger, hatred with hatred. So often the group member's hostility is his only way of expressing his terror. The social group worker needs to convey his feelings of respect and concern for the individual even though he may not approve of the person's behavior. The worker's real concern for the group member is actively demonstrated by his use of limitations to protect the individual from physical or psychological danger. In addition, the group worker attempts to replace hostile and negative experiences by those conducive to feelings of satisfaction, liking, and trust. This is accomplished primarily through the use of pleasurable activities that provide relationship satisfactions and immediate gratification.

In establishing a helping relationship with an individual who resists help through the mechanism of withdrawal, the group worker needs to control his desire to move in and demonstrate his concern for the individual. The extent of the withdrawal is an indication of the client's tremendous fear of the parent figure and the terror that he would experience from such a direct approach. As a result, the social worker permits his attitudes and reactions to be tested

indirectly as the client observes him in relationships with other group members. Gradually, as the group member learns that he will not be destroyed by the parent figure, the worker can demonstrate more direct concern for this individual's welfare. Informal social activities may be utilized most effectively in initiating a nonthreatening relationship with such a resistant client.

Although the practitioner copes with these three forms of resistance on an individual basis, it is apparent that his attitudes and reactions toward one individual affect every group member. The social group worker must be acutely aware of this process of interaction, since an individual responds very personally to the handling of another member's problems. Again we see the pattern of the group members' identification with one another as siblings in their relationship with the worker. This process of interaction is apparent in the following example.

Anna began to wrestle playfully with Sibyl. I intervened and explained that I was stopping the wrestling before they lost their tempers and hurt themselves. Gloria and Aggie showed tremendous interest in this situation, watching my every move. Later in the meeting Gloria, who has been playing the role of the model child, began to talk about her fights at school. Also Aggie, who always withdraws from me, asked me to play a game of ping-pong with her.

In this situation the worker, in protecting the outwardly aggressive child from hurting herself, indirectly helped the youngster who was afraid to express hostility to begin to let the worker know of her problem in controlling aggression. Similarly, the situation helped the withdrawn child to reduce her fear of the worker and begin to relate to this adult. Thus the practitioner, through understanding the defense mechanisms and the interaction process, consciously uses this knowledge to establish a helping relationship.

In the early period of group life the social group worker attempts to build a supportive relationship not only with each group member but also among the members. His initial focus is thus upon providing shared constructive experiences as a basis for the development of a positive group feeling. This approach is vital, since early cohesion helps members work through conflict situations later on. As the group experience progresses, intragroup conflicts develop as members increasingly tend to project upon each other their problems in sibling or peer relationships. An initial group-unifying experience is the mutual help that members give one another in protecting themselves from being changed or harmed by the social worker. How-

ever, the primary tool for cementing positive group relationships is the use of informal social activities. A decision as to whether to use play, group discussion, or some combination of these is an important part of the planning based on diagnosis. Initially, appropriate activities are those which will offer experiences that provide for immediate gratification, increase in status, and reality achievement. Such potentially ego-destroying activities as competitive games or long-term projects should be avoided until members are equipped to handle competition and to accept delayed gratification. In addition, the social group worker has responsibility to help free the group members to begin talking about common problems. To do this, the worker needs to share with the clients his concern and desire to help them with difficulties in social relationships. Early discussion of common difficulties has the effect of promoting the group feeling of oneness and reducing the individual's anxious and overwhelming sensations of being alone with frightening problems. In this beginning period the social group worker helps members to identify some of their common problems, develop supportive relationships, and build upon positive aspects of social functioning.

Ongoing Treatment

However, it is not enough to reinforce ego strengths, for we are most concerned with ego deficiencies. In order to handle such deficiencies directly the group worker uses limitations to help control impulses which are potentially either physically or psychologically destructive. At first the worker must intervene directly, either physically or verbally, to protect a group member. Later, it is to be hoped, only indirect intervention will be needed—perhaps by a mere glance. Gradually the member will borrow some of the worker's ego strength to control himself. Identification with the worker and with the group's value system enables the individual to learn to limit himself in order to gain approval. Finally the ability to control impulses will gradually be incorporated in his ego system.

In addition, social activities can be used effectively in helping an individual to have experiences in actual achievement. The group worker needs to provide opportunities for progressively more difficult experiences to help the member increase his sense of accomplishment and his ability to handle frustration. For example, in the early phase of group life with disturbed adolescents ping-pong would be played as a very relaxed, noncompetitive game without scoring.

Only as clients are helped to develop skill and confidence can the game be played competitively. Each successful experience serves to develop the member's capacity and willingness to try new experiences.

With such a foundation the practitioner continues to employ these experiences and relationships to help his clients develop an effective value system. In accomplishing this, purposeful use is made of the members' projection onto the group worker of their feelings about parents or parent substitute figures. In working with people with a delinquent value system or poorly developed superegos, the focus is on helping them to identify with the value system represented by the worker. This identification is utilized to help the person give up immediate gratification in order to hold the worker's approval. For example:

Josie and Frances described their problem of deciding whether or not to be truant from school. They said that they had finally decided to go because they knew that I would not want them to be absent.

The long-range objective for these members is the incorporation of some of the worker's values into their own value system. In helping clients who suffer from anxiety deriving from their own rigid and punitive superegos, the social worker will help the group members to identify with his accepting attitudes, thus freeing the clients from their own rigidity.

In social group work the process of superego development involves not only the member's identification with the worker's values but also with the group's standards. The group code of ethics is a synthesis of the values of the group members. The group work practitioner is vitally concerned with both understanding and affecting this code. If a particular rule of conduct is socially acceptable, the worker can readily make use of it to develop and strengthen individual values. However, when the group value is not socially acceptable and is harmful to its members, the social group worker attempts to alter this existing standard of conduct. Frequently a delinquent code develops out of the members' need to defend themselves. For example:

Previously, the girls' code was that junior high school graduates were "squares" and that the really smart kids did not allow the teachers to tell them what to do. Roberta said that she never had believed this completely. She had wanted to get even with her mother and had forgotten that she was hurting herself. Jeanie had thought that she could not control herself sufficiently

to graduate. She felt that she had learned how to control her temper in the group. Since this had fostered school improvement, she thought that she would graduate—at least she'd try. The youngsters talked with enthusiasm and pride about the group's party plans to celebrate their graduation. Throughout this discussion there was an undercurrent of unsureness, but the feeling that together they could graduate predominated.

In this example the social group worker influenced the group code by understanding its defensive nature, helping key individuals with problems that had promoted the denial and supporting individual efforts to change value systems. Identification with the new value system and the mutually supportive relationship between members helped them achieve their goal of graduation.

It is vital that the developing ego strengths and newly incorporated values be extended to the handling of new or increasingly difficult experiences outside of the group. In stimulating this process, group discussions focused upon clarification and solution of problems are meaningful. In addition, individual conferences with group members can be most effective in helping to clarify reality and in helping individuals to understand themselves in relation to personal problems.

As in casework, direct interpretation to the group member of the emotional reasons behind his method of handling reality situations can be utilized successfully under certain conditions. Interpretation is timed carefully and handled in a sympathetic and understanding way so that it helps the group member to develop new insights rather than strengthening his old defenses against attack. Needless to say, this is predicated upon an already established helping relationship. The use of interpretation is evident in the following example.

During the night at camp, Delores became hysterical. She saw a man in the forest! After we established the fact that there was no man, I commented that sometimes when girls are afraid of men, they may believe that they see them in the dark. Delores immediately said that must be the reason for her imagination. She proceeded to talk in great detail about being raped when she was younger. This stimulated others to talk about their fears of men and their earlier experiences. Gradually they began to understand the relationship between past events and their present fears.

In this instance the worker's acceptance of the member's anxiety and the interpretation given helped that person to distinguish between her fearful feelings toward men and reality situations. However, the worker needs to evaluate the effect of an interpretation upon

other members. Thus he determines whether to make an interpretation himself in the group, or in an individual interview, or to encourage other members to do it.

The social group worker has the additional responsibility of attempting to modify the person's environment in such a way that it will be conducive to positive ego development. In order to affect the client's environment, the social group worker maintains close working relationships with those who have an influence upon it. Changes in the school class schedule of a child, for instance, may be considered advisable so that the youngster can have a more understanding teacher or a more suitable program. Thus modification of the environment, clarification, problem-solving, interpretation, limitations, verbal and nonverbal activities, all are used by the worker to help develop ego strengths and reduce the ego deficiencies of individuals.

Conclusion

The knowledge and skills of social group work most important to effective practice are generic to social work, providing that all social workers have a thorough understanding of group concepts. As Grace Coyle states, "The practice of group work . . . requires of its practitioners a knowledge of the individual, a knowledge of the group process, and, most important, of the interaction between them."⁵ The worker must be sensitively aware of such concepts of group life as the significance of the decision-making process, roles of individuals in groups, interpersonal relationships, contagion, group conflict and social values, and power structure. The need for social work knowledge and skills is most evident to the group work practitioner who clearly sees his role as that of using the group to help individuals with their problems in social relationships. In achieving this goal the group worker frequently utilizes the interview in conjunction with the group method. Similarly, the social caseworker has recognized that the group is not an exclusive tool of the social group worker. The need for increased cross-fertilization of specific knowledge and skills relating to both casework and group work methods is self-evident. In the future, social group workers and caseworkers may ask the question, "Shall we maintain our separate identities, or shall we meet the challenge of acquiring a working knowledge of both methods?"

⁵ Grace L. Coyle, "Group Work in Psychiatric Settings: Its Roots and Branches," *Social Work*, Vol. 4, No. 1 (January 1959), p. 81.

Social group work in group service agencies

RAYMOND FISHER

The origins of social group work are rooted in the group service agencies.¹ Much of the program offered in these agencies has consisted of work with groups, and because of the agencies' wish for better equipped staff many of them played a leading role in creating this specialization. For a long time the obvious place of employment for persons with this new form of professional education was in these group service agencies. In many of them group work was only one of the social work methods used to achieve the agency purpose. There was also individual counseling and community planning.

Though some group service agencies have at times been referred to as the original "generic" social service agencies, they performed both social work and non-social work functions in fulfilling their purpose through the provision of a wide variety of services. Work with groups was not necessarily considered the exclusive domain of social work. Much of the program offered was of an informal educational-recreational-social nature, and graduates of educational and recreational programs as well as certain allied fields were also considered to have acceptable qualifications. The American Association of Group

¹ "Group service agencies" is a term adopted by an *ad hoc* committee of group workers this year to describe the settlements, scouts, Y's, Jewish community centers, and other such agencies. It is interesting to note that when social work education in group work began these agencies were called group service agencies and the first curriculum was called "group service training."

Workers for the greater part of its existence welcomed to membership persons from the fields of education and recreation who were interested.

Forces were operating to alter this picture. By 1949 the AAGW had changed its membership eligibility requirements so that only graduates of professional education in social work could be admitted as new members. Social group work had become unequivocally a part of social work. This was further reinforced when the AAGW went out of existence and its members became part of the National Association of Social Workers.

A second factor that led to changing ideas of social group work and reconsideration of approach and focus was the rapidly developing knowledge available to practitioners which could be considered the basic science of their practice. This was coming from several fronts. One of these was the change in emphasis and concern from the id to the ego in dynamic psychology. Another was the development in social psychology, sociology, and anthropology of a body of knowledge that gave clearer insights and new possibilities of conceptualization—and consequently new directions in practice—of the individual, groups, and communities. With this each part could be better understood and their interrelationships more clearly seen. While the complete integration of all this knowledge was and remains something still to be achieved, social group workers found a good deal of it useful in their work.

A third factor affecting the thinking and functioning of the social group worker was the expansion of areas in which social group work began to be used to make an appropriate contribution. When group workers first moved into clinics and residential treatment institutions, they tended to set up social groups approximating their earlier experience in the group service agencies, which provided useful service in meeting agency objectives. As they took on the treatment objectives of these institutions they began to develop definitive practice and consciously to assume a more significant role as members of the treatment teams. They were beginning to define their role and approach and were being given the opportunity to spend the greater part of their time working with the clientele in treatment-focused groups. Though many had begun in these agencies by taking on responsibility for the recreation and social programs, they began to re-evaluate their function and to consider where it would be most productive to invest the efforts of the limited number of group work staff available.

This limiting of scope and incipient separation of functions was a healthy move, not only for the group workers in these special settings, but because it gave impetus to the raising of questions about limiting the scope and function of social group work to something a little more realistic and possible to encompass. It became far from uncommon to find workers in the group service agencies questioning how much of their job was really related to social group work practice. This required consideration not only of whether work with particular groups was social work rather than—say—recreation, but of whether the work was social group work rather than work with groups to fulfill some other social work purpose. In this separation of functions, work with administrative groups—i.e., organized to facilitate and plan the carrying out of agency objectives—was ruled out. Groups organized for community planning and/or action were also acknowledged as an area of social work practice that could be differentiated from group work.

Group workers began to recognize that they had been filling many roles, all of which had been lumped together under a general category of “doing group work.” The total effect had been to help an agency to provide useful service to clients in groups, mostly through volunteers and part-time people. Most agencies had provided for a mental hygiene approach to these groups, and exercise in democratic procedure through plans for supervision of these staff members by the professional workers. Question was raised not as to the importance of these functions, but as to whether they constituted the best possible service to members of the agency, when carried on to the exclusion of opportunities for a sufficient amount of direct practice. Everywhere were examples of persons and groups with special problems which required more professional help than the agency could offer.

Another difficulty was that, since this plan called for the bulk of work time to be invested in other than direct leadership, the comparatively little time spent in work with groups proved inadequate for the consolidation and integration of the knowledge the professional worker had acquired in school. This presented a dilemma, since social group work is by its very nature complicated. In most of our group service agencies, it deals with people who are congregated primarily in informal, fluid social situations. When the group is in its early phases, structure may be at a minimum and will have to be developed before effective functioning can be achieved by the members. This work requires a study-diagnostic process so that the worker can determine his role and function according

to the needs of the members and the purpose of the agency. It is always more difficult to work within situations where the structure is not set, or where it does not truly serve the purpose of the members, the worker, or the agency. The worker who has to be flexible and change an amorphous situation into one that has clarity and meaning has quite a job compared to the person who steps into a well-defined, structured situation where the goals are clear and the modes of procedure toward them understood by all.

Another result of the insufficient opportunities for direct work with groups—and these few opportunities not always within the realm of social group work—is that the general level of group work practice reaches a certain plateau and cannot develop beyond it. If workers are not given a sufficient experience they cannot adequately refine their practice. If the service offered is dependent upon nonprofessional persons, this limits the goals that can be envisaged; it limits the complexities that can be dealt with; it limits the opportunities for growth in understanding and helping clients. This in turn limits the potential contribution of any of the badly needed detail of professional practice for the field—and thus the amount of help that can be offered to clients of the agency.

Social group work is treatment-focused. Its aim is to help persons develop their capacities for adequate social functioning in a democratic society. With essentially normal persons coming to the group service agencies, the social group worker attempts to help them get the kind of ongoing experience that will provide for their continued growth into happy, useful, mature people, with continually expanding experiences and perspectives. He will work toward helping the group achieve an emotional atmosphere conducive to health and further growth; he will help the members, according to age and capacity, to get the kind of experience through give and take in relationships within their group that will give adequate opportunities for self-expression, the development of self-respect and respect for others, and ways of working together that are associated with the term "democracy." The planning for such groups falls rightly within the particular competence of social workers with a specialization in group work.

The social group worker will have to take responsibility for special planning for individuals who indicate that they are having more than usual difficulty in their social relationships and ability to function. If a corrective is to be provided for such persons and groups, the social group worker will have to do the direct work with them himself because the problems become too complex and technical to be han-

dled by personnel who have not had adequate preparation. Often it will be found that, by providing special group experiences with good professional direction, these persons can be helped to function better. At times, also, it will become clear that some of them cannot be helped within the given agency, and then the skill of the staff must be brought into play in directing them to other resources in the community.

Two illustrations from group service agency records will suggest some of the ways in which professional social group work can help to meet the needs seen. The first of these concerns two 12-year-old boys who had been coming to the game room of the agency for three years. They never participated constructively in any of the many activities going on. Their chief delight seemed to be in trying to disrupt anything others were doing. The staff in the game room tried repeatedly to help them participate, but with no success. The other children in the game room became increasingly annoyed and occasionally retaliated with force.

The staff workers, aware that Bob and Jack could not be integrated into the regular program and that continuation of this repetitive behavior was harmful to themselves and the group, decided to try forming a special group around these boys. A group worker was assigned to approach them and work with them. When he asked if they would like to have a social club of their own, they thought this a good idea and wanted it limited to just the two of them. Somewhat later, other boys were involved and became part of the group.

In the first meetings, and for a number of following sessions, Jack crawled in the worker's lap and asked to be carried in his arms. Later he could be satisfied with a reassuring arm around his shoulder and a friendly pat.

Bob in these meetings kept his distance from the worker, preferring to watch from afar. The relation between the two boys was characterized by Jack's physical abuse of Bob. At first this seemed unprovoked by anything Bob did; later evidence appeared that he precipitated some of it.

The group worker, recognizing Jack's infantile acting out and need for physical demonstration of love and affection, decided it would be wise to get collateral information about the two boys to help him evaluate what he was dealing with. He called on the teachers at school and found that neither Jack nor Bob was known to have friends other than each other; that Jack had a very short interest span, was "flighty" and did poorly in academic work, whereas Bob was brighter, worked better in school, and was ahead of Jack.

The worker visited Jack's mother at home several times to talk with her. He found that when Jack was 4 she had divorced the father, who was an alcoholic. There had been no contact with him since. The mother had full-time employment and was the sole support of the family. She expressed a good deal of warmth and concern for her son, and guilt because, on account of her work, she had comparatively little time to give him. She knew Jack to be "nervous" and thought he ought to have help, but was reluctant to see him have treatment because of her resistance to becoming involved in it herself.

From the first, the worker talked with the boys in terms of a group for themselves and friends. Finally one day a third boy appeared with them for their regular meeting. He was Bob's younger brother Joe, who had been invited by Jack.

With the inclusion of Joe—a masculine, rough-and-tumble boy—and three others who in the next sessions were invited in, active organized games of an athletic nature became the chief program. At first Jack felt somewhat threatened and showed his resentment at having to share the worker with others by striking out at him. This behavior disappeared in a short time. While at first fearful of getting hurt in the games, he seemed challenged to try, got into them with the support of the worker, and gradually developed skill and confidence.

Bob, on the other hand, would have none of this activity. He liked to draw and paint, but did not like athletics. The members called him "sissy"; Jack said he couldn't even lick his younger brother. Bob reacted by trying to break up anything started by the other members of the club.

Jack began to show considerable improvement. As he found his place among more boys and began to experience the fun of doing things with them, his interest in Bob diminished and he no longer attacked him physically. He used the worker in a better way, asking what the worker would think if he should do thus and so. He moved out into the game room in a way that made him acceptable to the other children.

Bob's reaction to the whole experience was not so encouraging. Unable to reach out to the worker, fearful of allowing the worker to get too close to him, and having lost his one intimate friend, he became a person much more difficult to deal with everywhere, in the club and out. Whereas Jack had been the one with poorly integrated behavior, now Bob was the problem. The worker, when this was clear, called on his parents.

He found that Bob was the oldest of three children, two boys and a girl. The father, a large, aggressive man, made it clear that he was disappointed in Bob, whom he regarded as a sissy. He gave much importance to masculine activities and competence in them, and regarded Bob's inability to compete with other boys and excel in sports as something over which the boy had conscious control. The father told the worker, in effect, "Bob could if he wanted to; if he doesn't it's because he doesn't want to. He knows what I think of this sissy stuff, and if he goes on doing this in spite of me, he is deliberately disobeying me." The mother during this interview conveyed the fact that she had much feeling for Bob, but shared concern with the father that he was becoming a "sissy." She seemed torn as to what ought to be done, and while not entirely agreeing with the father that Bob was wilfully disobedient, was not able to voice any other ideas.

In the last few meetings in the social group, Bob had invited a new member—a bigger boy than all the rest. Bob concentrated on obviously provoking him, and ended by being beaten. For a while after being beaten he became more settled and conforming. The pathological pattern and its repetitive nature became clear.

What kind of skill does a group worker need to be helpful to such children? He needs skill in assessing the meaning of social behavior and in planning program to provide treatment of the problems seen. In this instance a special group was formed around them. There would have been value in sharing with the boys the fact that this group was to help them get along better with others. Since it was clear to them and all the other children that they didn't know how to get along well, it would merely be verbalizing the obvious. It would have given the worker the advantage of making it natural then to talk with them in the group about their problems and progress. Such a group, openly identified as having a treatment purpose, should then not be treated as an autonomous group, and the determination of who comes to the group and the timing of their admission needs to be the responsibility of the social group worker.

When additional evidence changes the diagnosis of a problem, as in Bob's case, the worker has to recognize its significance and evaluate whether a child with his problems and his way of handling them can be benefited in this or other groups in the agency. If not, the worker then needs the skill to help parents see the significance of the problem and involve them in a plan for helping Bob through the services of an organization set up to aid people with difficulties such

as his. It is not an easy thing to induce parents to see this more clearly and recognize their responsibility in such a case, since it can be so threatening. But for the sake of Bob and his future, it is important to work at this—and with the utmost skill. The positive element in this situation is that through the group experience enough material was gathered so that it was possible to form a crystallized picture of Bob's problem. Now plans could be made on the basis of a realistic understanding of it, so that the necessary resources could be mobilized on his behalf.

The other illustration concerns an agency's attempt to help a group of socially inadequate young adults who, though residents of the community since childhood, had not been able to make sustained social contacts. There was good response to the informal social program and within the first two years a number of worth-while friendships and a few marriages had resulted from the opportunity to meet and do things together in this group. The members saw the group primarily as a place to make social contacts, have fun, and find a potential marriage partner. Generally when engagements were announced, the persons involved would come less and less frequently and usually drop out altogether when married. This seemed acceptable to everyone.

In the third year of the group's life, it became evident before very long that there was little enthusiasm in it. Members tried to escape the responsibility of preparing and serving refreshments; nobody wanted to be on the committees. They began to wander in and out; there seemed to be no identity with the group as a whole and less and less opportunity for social interaction.

The social group worker helped the members to see that they were dissatisfied with their own program and to discuss other things they might be doing together which would be more to their liking. After considerable discussion they finally agreed that they would like to divide their evening into two parts, the first half to be on discussion of current problems facing young adults such as themselves. The worker helped them to list the problems they saw and wanted to talk about, evolve a plan for the discussions, and limit the number of topics they would undertake to consider during the year.

It became obvious that this program was of real interest to them. All the members began to come on time, to participate well, and to stay for the social part of the evening that followed. The program challenged them, made them feel they were doing things that were worth while and close to them, and that might be expected of adults.

They seemed proud that they could function at such a high level, and new vitality seemed to have been injected into the group—it came into being once again and the social aspect of the evening now held new life, too.

During the social part of the evening, the group began again to fulfill its original purpose—providing opportunity for social contacts and dating. It became obvious that certain couples were beginning to pair off, and some even announced their engagements. During this whole time, before and after meetings and during the unstructured social activities, members would seek out the worker, share problems with her, and seek her guidance regarding their group relations.

One of those who sought out the worker most frequently was a girl named Martha, who was in considerable conflict over her feelings about one of the young men in the group, Ted. They had been going steady at the beginning of the club year, but Ted did not confine his affections to her. As the worker got to know Martha better, she found that she had had a nervous breakdown and that she needed considerable support.

Ted, on the other hand, was an exceptionally handsome, happy-go-lucky boy, with amazing sex appeal for the girls. He had served a prison sentence for “breaking and entering,” had been seen by a psychiatrist, diagnosed as a character disorder, and had discontinued treatment. In the group he was superficially an attractive, pleasant person, able to carry little responsibility, often leaving meetings to go to the nearest bar for a drink and returning later. He was always shifting to another girl in the club, always to date or “go steady” for a week with this other girl who was already going steady with some other young man in the club. The girls didn’t seem able to resist. He was not liked by the other young men, not only because of his success with the girls, but because they resented his inappropriate behavior and irresponsible manner.

The group worker became very much concerned about Ted’s effect on the group and afraid that it might begin to serve Ted’s purpose—i.e., seduction of all the girls, at least those that appealed to him. But she had mixed feelings, for she wanted to help Ted, too.

The relationship between the worker and the various members was strong. The girls, individually torn by their strong desire for Ted and his bid for their affections, came to the worker to talk over their conflicts. The worker helped each to figure out for herself what she might expect on the basis of Ted’s previous experience

with other girls, and strengthened and supported their desire to resist him and to find or continue with someone more stable and responsible. In the case of Martha, when Ted decided to pick up with her again and she felt she would have difficulty in following through on her will to resist him, the worker accompanied them both, at Martha's invitation, to a restaurant after the meeting and stayed with them until Ted got the idea.

The one mistake this otherwise excellent worker made was in not really understanding the meaning of the diagnosis or the treatment approach to such a person. The group worker should have been more challenging of his rationalizations and more insistent upon his conforming with the expectations of behavior within the social agency and this social group. If in this way she had let Ted know that she knew and understood him, he might have moved toward more appropriate behavior, though more probably he would have sought less demanding fields for his satisfactions.

What is required of a group worker here? It begins with skill in analyzing community needs and helping to form groups to meet those needs. It includes skill in analyzing group dimensions and looking to the cause of the deterioration of a group, and in giving help to members to find their own solution to the problems. It includes knowledge and skill in program and ability to foresee areas where the group and individuals may need help to conduct it most successfully, and skill in giving this help. It is skill, too, in dealing with the complexity of interrelationships and in helping individuals one by one on the periphery of the group. This requires an understanding of individual dynamics, both normal and abnormal, and ability to have a treatment relationship with each according to his problems.

To do technically proficient work in such cases requires that the agency be committed to providing quality service for its clientele. Such a commitment, to mean anything, must carry with it a plan for freeing professional staff to do the intensive treatment work demanded.

Time for such treatment-focused work with groups is now being asked for by graduates of the schools of social work interested in developing a higher degree of proficiency in practice. There is increasing recognition that in a two-year educational program there can only be the beginnings of learning how to use one's self professionally to assess and to treat. Graduates, having been exposed to the potentials as well as the complexities of group work practice,

are no longer satisfied with a generalized mental hygiene approach in practice, but want to be involved in specifics. When confronted by job descriptions that include many tasks but little opportunity to work with agency members in social group work, they raise questions.

Agency executives have reacted to such responses on the part of graduates by saying that the schools are no longer preparing people for their needs and by blaming the "special" settings for "seducing" misguided students into believing there is high status in those settings.

The schools are left in a dilemma. For years they prepared students for supervision and administration in a professional area which had no practice done by the professional. As material in the basic sciences for social group work practice developed, it began to be incorporated in the curriculum. The application of this material to specific group work situations brought changes in the concept of role and function of the group worker. The amount of knowledge and detail needed for practice increased. This did not prove the prior approach in group work to be wrong; it did, though, clearly indicate that some of the principles and generalizations had been oversimplified. There appeared to be many more important things to tackle with given individuals or groups than an experience in self-expression, self-government, or self-determination. Can the schools do less than teach whatever has a bearing on the most sophisticated practice possible?

The attraction of a number, still comparatively small, to specialized settings seems to be the greater opportunity to be active in direct practice. The answer to this pressure for more practice opportunities by some in the group service agencies is that professional staff is still so limited in number that they must be used in administration and supervision. This points up another problem: greater numbers of those who have had group service agency experience prior to enrollment in a school of social work seem to be choosing casework because—they say—group workers don't do direct work; only untrained people do. Is this the reason so many group workers have made the shift and become caseworkers? Perhaps the question needs to be asked whether group service agencies can afford *not* to offer direct practice if they want both to attract and to hold professional persons. The question of financing adequate staff for the job is also raised. This, too, is not insurmountable. Our communities have already indicated a willingness to support quality

work by paying for caseworkers to do group work with parent-education groups in our group service agencies.

One question that may need further pondering is whether all agencies now labeled group service agencies offer potential opportunities for a group worker to do a social work job. If the structure of the services offered is rigidly set, if direct work with groups can only be done by volunteers, and if—no matter what the indicated need of individuals and groups—the program cannot be dynamically adapted to treat what is indicated, then it is questionable whether this is social work.

There are particular opportunities and rewards for group work practice in the group service agencies. In many ways the problems are more complex, the range of behavior and needs greater, and the focus of work consequently more difficult to determine. It provides a stimulating challenge to practice to mobilize all the elements necessary for prevention (which is still more effective than treatment) and for treatment in its earlier stages, before problems are too fixed and while the persons involved may still be responsive to help. Fear has been expressed by some that social group work is not long for this world, that the end is clearly in sight. There are those who are ready to do their utmost to save this dying creature, and those who shrug their shoulders and turn their backs.

But group work is not a dying patient. It has a long, fruitful life ahead. It has grown out of its early years and is struggling as an adolescent to find itself. Its childhood was sound, and there is every reason to believe it will successfully resolve adolescent problems and find itself a strong, mature adult.

Life enrichment of the seriously handicapped through the group work process

FANNIE EISENSTEIN

Muscular dystrophy is a progressive, deteriorative disease. Not only is there at present no known cause or cure, but there is no known way in which muscle function can be restored or even maintained by physical rehabilitation. The physical process is relentlessly degenerative. Even fragments of skill, precious for job needs or self-care, cannot be reinforced by rehabilitation procedures. Always the little that is left is being diminished.

Against this enormous negative process of physical attrition the group work process can pose a positive dynamic of social growth.

We started with the hypothesis that muscular dystrophics, although handicapped physically, were not handicapped permanently in any other way. The drastic limitations of their disease isolated many physically from normal social living and heaped up emotional problems of intense degree. Once their social isolation was broken, however, by the organized intervention of social agencies, dystrophics were fully capable of using the group work process to enrich and extend their lives.

We knew that our members would get worse, lose function, decline in physical power. Five members have died—there are at present only twelve in the group. Indeed, the question has been raised with our agency, "Why is an experience in democratic group process a significant objective for moribund people?"

The simple heart of the answer lies in the reality that the adult dystrophics in the group are vital and alive, interested in extending the area of their experience, intricately involved in all the interactive social processes. The physical process of deterioration may take years. They know their condition will worsen, but meanwhile they are alive; they have vital powers, and the whole meaning of life is in the use of these powers and even in their increase and extension into new areas of relationship and experience.

In the end, all men are destined to die. The members of the Muscular Dystrophy Social Group in our center feel no nearer to death than, say members of the Golden Age Club. The group work process over the past four years of the group's existence has served to heighten and intensify social situations which mark them as men and women not death-encircled but life-enmeshed.

Enriching a "Sense of Self"

The human deprivations and the social isolation imposed by disease chip away at the handicapped person's sense of self. Who are you if you can't work, can't dress yourself, can't move your wheel chair, don't leave your apartment, don't see or speak to anyone outside your immediate family for weeks or months? What kind of a person are you, to whom nothing happens and no one reacts?

The largest service of the group process with seriously handicapped adults is to put each man and woman into open and continuing relationships with others in a functioning group. Within the group each person's sense of himself can be sharpened and defined by his contact and adventure with others. All men receive their possibilities from other men. The power of serious disease to cut down a man's ability to mesh with others brutally corrodes each man's image of himself.

One of the men in our group, 28 years old, twice elected president, was transformed by group experience from what he himself termed "a nothing . . . waiting in a prison closet of four walls" into a leader, a spokesman for others, someone who carefully prepared a speech for a public luncheon, handled arrangements with theater managers, head waiters in night clubs, volunteer and professional workers in many agencies. In his four years in the group he experienced rejection, hostility, anxiety, conflict, acceptance, and support, and out of these tumultuous currents drew a new concept of himself as a man capable of solving almost any kind of group problem.

Even where officer leadership was not involved, group relationships contributed toward "firming" or enriching a "sense of self" on the part of the members. A 40-year-old Puerto Rican member of the group turned in an article for the group newspaper. The editorial committee thought it was "almost like a prose poem" and had it read out loud before the whole group. Ordinarily limited in communication not only by the difficulties of speaking a foreign language but by other physical speech difficulties, this man was transfigured with pride at the recognition of his ideas and feelings. This was not an isolated instance for him. He had previously received recognition in the group for his ability to draw and paint, although his hands and fingers were bitterly deformed, and to do ceramic modeling with his knuckles. For a number of sessions he was the center of a small subgroup taking Spanish lessons and was called "el profesor"—the teacher. Out of all this he drew a sense of himself as a man of value in the group.

It is important that the relationships have continuity. Only when you have a history with people and a knowledge that you will be with them not only today but next week, do the elements of responsibility between persons operate with meaning. It is the element of responsibility between people that etches out the highlights and shadows of each man's portrait of himself and others. In a continuing group you are held accountable. In an occasional mass recreational program, for example, a man can come and go. There are no strings or ties. But it is the strings and ties that define by their pull who you are.

For example, the current president of our group got drunk at an important social function which the entire group attended. It was the annual dinner dance of the community center, and the group had spent intensive time and effort organizing to attend as a group and as part of the center.

The president, a man of 43, has a long history of journeys into despair. He has attempted suicide, committed himself to a state mental institution, offered himself for experimental research at any odds. Bright, with a background of extensive reading, personable and with the gift of gab, he was chosen president of the group this year against his own initial protest. Once chosen president, however, he took his duties seriously and suffered acute distress at having on this one occasion made what he called "a public jerk of myself." He had outraged in his own eyes his new concept of himself as a representative of a group. He not only called group members indi-

vidually to apologize, but took time at a group session to admit openly that he hadn't conducted himself as the group had a right to expect he would. The group did not excuse his conduct or assure him that it didn't matter. They accepted his apology without either condoning what happened or becoming punitive. And this had meaning for him—they didn't excuse or condone, because they had a concept of him as an attractive leader and representative of the group. Neither did they rub it in to punish him, for they liked him as a man.

His own and the group's expectation that he would behave in a certain way made him aware of disciplines he had had no reason to exercise before.

Although this same man insisted that he never wrote anything—not a letter, not a word, when the group demanded that as president he write for the group newspaper, he finally went home, talked an article into his tape recorder, and then copied it from the playback. The group felt it was a good article and was delighted with its insistence that he write. For him as a man there had been created one additional area in which he was judged competent, to weigh in the balance against all those other areas disease had marked futile.

Developing the Sense of Belonging

The past four years have been marked by the process of moving from the individual isolation of disease to group identification based not on a common disease but upon a common group experience.

In the beginning people came from the sheer need of "getting out," without knowledge of one another or any common interest except a desire for some extension of social living. Not everyone who came was convinced it was a good idea. One woman wavered about joining the group because it was comprised of dystrophics and might turn out to be a "kaffee klatsch of sick people." After a year and a half of program she said with pride about the group that "our people make some of my normal friends look sick." Another woman who, on joining the group, was "depressed" by the greater physical deterioration of some members later accepted all the physical deformities in "our own group" without differentiation, almost without being aware of them any more. This was "her group" now, and she knew everyone as a person. They existed for her as people to whom she was intimately related.

Group identification grew in many ways. The greatest stimulant was the discovery that experiences which, in the main, were closed to them on an individual basis were possible through the organization of the group. Most of the members as individuals never got out to theaters, soccer games, night clubs, boat rides, museums, or picnics until the group was formed. Even on the few occasions when agencies had organized a Christmas party or a ball game, it was intermittent—you might not have friends when you arrived, and in any case it was not your choice but just what was available for the handicapped. It was completely different to choose what you wanted to do, try to make the arrangements, overcome difficulties if they arose, improvise where facilities proved inadequate, or even admit defeat when you overreached yourself as a group. It was different because you no longer had to wait till others chose to do for you; you could organize to do for yourself through the group.

Another stimulus to group identification was talking and discussing together. Hours were spent in discussing—sometimes formally as a total group, sometimes informally in spontaneous clusters—every kind of common problem. For example, one day when the group went to a theatre to see *Bridge over the River Kwai* and had to wait in the lobby for a while because the buses had brought them a little early, the president “blew his top” with bitterness when some women shoppers on the avenue stopped to stare into the lobby at the wheel chairs. When he exploded everyone reacted out of his own experience, some identifying with the bitterness and others challenging it; but everyone shared the need to sift and digest the meaning of public reaction to them. Sessions at the center were often consumed with the problems of living without work, the hunger for a job and independence, the curiosity, fear, or excitement about sex and marriage, the problems of family, of apartments, of being left alone when a child married or a parent died—all the brittle apprehensions of dependence. Although points of view and sets of values clashed sharply or diverged pointedly, each one grew to know the taste of what was in the other’s cup, and the pool of common knowledge created a sense of one another.

Identification grew not only with the group but with the Brooklyn chapter of the Muscular Dystrophy Association of America and with the center. Group members began to see themselves as part of other larger groups of normal people. They began to look upon the financial campaign of the MDA not just as a way to raise money for them and their needs but as a campaign for which they also had a

group responsibility. Not each person in the group accepted this, but the group as an organization felt it and voted to participate in kit campaigns, selling raffles for luncheons, etc. Through organized contacts with other groups in the center—the Golden Age Club, teenage groups, the staff, and volunteers—the MD group began to see itself as a center group. It responded to the center's efforts to include it in every aspect of center activity by undertaking projects never attempted before, such as soliciting advertisements for the center's annual journal.

Only one person in the group remained outside the process of identification; his emotional difficulties were so severe that he could not identify with the group in any meaningful way. Yet even he fought to remain with it and be part of its activities.

The Group Process in Areas Related to Disease Deprivation

A seriously disabling disease strikes at deep taproots of human worth: the means of attaining stature through work and job achievement, fulfillment through love. At the present level of our knowledge and social organization we cannot solve the hurts and indignities of deprivation in these specific areas, but we can in general areas—in areas related to the whole person—create an atmosphere of worth and meaning and a field for the pursuit of excellence.

Although we cannot give a man a job, we can begin to create an atmosphere where at least at times he feels like a man even without a job. Through the group process, with its cumulative building of relationships, many of our members were able to attain moments of self-realization impossible outside of social process. We could not look within the group to assuage or find a specific substitute for one of our young men's longing for a girl friend and a steady job, or one of our older women's deep desire for a mature man of her own. These are the irreducible longings of vital people. But we did try to build relationships within the group in such a way that people received a sense of acceptance, a reflection of their dignity and importance in the eyes of others, which could permit them to sustain the ravages of deprivation in sex and work in a different way.

One woman in the group, the first time we went to a night club, found it both exciting and frustrating. During the dancing she said she didn't think she'd want to come again without an escort, a man of her own. Frustrations such as this were raised as subjects of discussion at group sessions, and those who raised them teased

and probed at the problems together with members who had similar or parallel problems and frustrations.

One young member told the group he had been work-tested and found a poor subject. He said he could not bear the idea that he would have to live without a real job. "I'll never face it," he said. Yet it was exactly because he was in the process of facing it that he brought up the subject, and it was valuable for him to be able to raise it with people who had "been through it" already. He did not really want specific suggestions—he had been through those before with caseworkers and testing agencies. He needed both the sympathy of some and the hard-boiled abrasiveness of others in the group to etch out an area of acceptance.

We could not provide an escort, a man of her own, for our member, but we could provide experiences which made her feel more like a whole person. At one session she said during a discussion, "This group has made me lose my fear of speaking and expressing myself. This is really very important. I will even speak out and speak freely at other places now. For example I was with my family Sunday in New Jersey. Around twenty of us. Before I came to the group, I would have been ashamed to speak out my thoughts or opinions in front of everyone at the table. Now it doesn't faze me at all. And I know this is due to my experience in the group."

One member of 60, who had worked until he was 55 and then been catapulted out of job life and into dependency upon his wife by amyotrophic lateral sclerosis, found a sense of continuing life and meaning within the group. He had not ceased to be interested in the world of men or the world of ideas. At the end of an afternoon that resembled a college bull session, in which he took a leading role in discussing questions of philosophy, heredity, marriage, and values, he said as he left for home, "This is what I hunger for, this kind of discussion. This is better than anything else." We found that group members could better handle their feelings of deprivation around jobs and independence, sex and marriage, purpose and achievement, when they were receiving support and recognition for their social, intellectual, and human qualities within the group.

The group experience did permit people to use themselves in new ways. In this sense it could offer in a certain measure some substitute satisfactions for those denied elsewhere. We found that the largest streams of satisfaction sprang not from physical and craft activities, but from social and intellectual ones and the recognition for achievement in these areas accorded by the group.

Physical Disability and the Selection of Goals

In the four years of program we operated on the premise that physical disability has effect upon the selection of program activities but not on the selection of fundamental goals and purpose. The selection of program activities is modified in some aspects by the physical restrictions in the group. The mode of participation in activities is often determined by the physical limitations. The fundamental goals and purposes of the group, however, are social. They are related to the human dignity and worth of the individual and the vital processes of social group living.

The over-all purpose of the program was to provide an opportunity for the members to organize and run their own social group. The group worker was there with them for help and guidance, but the crux of the experience was the responsibility of the group for its own direction and development. Program was seen as the total functioning of the group. The social organization of the group and the development of the social relationships within it are the program's core content. Emphasis was placed throughout not so much upon activities and projects as upon how problems around doing could be met and solved and upon the social relationships that resulted. While specific activities were not a main concern, enlarging the area of experience was.

Nothing was excluded if suggested until tried. For example, wheel chair dancing was suggested at one point and tried in a number of different ways, and then abandoned as too fatiguing and contrived to be rewarding. In the main we found many physical activities so difficult for our members that the largest satisfactions came from the interplay of social, cultural, and intellectual pursuits.

Even in some physical areas, however, more was possible than we had supposed. Often the limitations were not those of group members but the limitations of the worker or the agency. For example, one year we experimented with leatherwork and ceramics and came to the conclusion that this type of activity was too frustrating for the members—too difficult with the existing lack of finger and hand strength—and we abandoned it. The worker, however, felt that part of the difficulty had been hers. The following year we approached leatherwork and ceramics in a different way. The center assigned a specialist in handicrafts to work with the group worker. He developed special ways for each person to handle the materials in terms of what each one could do. Some of the women who one year gave

up ceramics as "too hard" said the following year that it was "a wonderful outlet." As in physical rehabilitation planning, when the emphasis is not on what is lost but what is still present, more is possible than appears on the surface. In considering limitations it was important to know whose limitations—those of group members or of the agency and staff.

Development of Leadership

When the group first came together four years ago, the most openly aggressive members took over the leadership. The first president was a hostile, domineering, and dictatorial man who had had some organizational experience previously. Conflict hit the group like a hammer. It created a tremendous wave of anxiety. The members were afraid that conflict "did not look good." They feared that reports of bitter fighting might be brought back to the MDAA and "disillusion the MDA with us."

None of the people who lived at home had had experience in handling conflict and hostility in a group setting, and they hoped that if they did nothing the storm would "just ride itself out." In the later experiences of the group they began to find out that running from a struggle did not solve a problem; it only cropped up again in other forms. In the beginning the group members also turned to the worker to handle and resolve conflict situations for them. The worker pointed out that they were quite capable of handling conflict situations themselves, once they accepted the responsibility for solving difficulties, just as they had accepted the responsibility for planning program. The worker was there to help group members learn how to handle group conflict, but not to handle it for them.

The process took time. Learning to handle conflict was slow and difficult, but it was in this process that the group developed leaders. Even in the first year there was some growth. Sessions on a constitution for the group, for example, were marked by serious clashes between the first president and a member who had been the most eager to "abstain" from conflict. This member wrote the draft constitution, worked in committee on redrafting it, and wrenched the chairmanship of the meeting which finally approved the constitution from the president. After these sessions, though they were some of the hottest on record, the members were not so distressed as they had been after some of the early election sessions. The difference was that the group now felt they had controlled the president. He had not scattered them and left them feeling irritated and put upon. They had

clamped down on him and felt that they, not he, had the situation in hand. They had had an experience in the democratic control of leadership, and they began to acquire some confidence in themselves.

We found in the four years of program that the process of handling conflict was the largest training ground for leadership. The other significant instrument for the development of leadership was the careful, public according of recognition in the group for every kind of contribution or achievement.

By the third year of program six of the twelve regular members of the group demonstrated some level of leadership. Only one exerted a continuing, consistent, and pervasive leadership in every aspect of planning, participating in, and evaluating program. The others exerted leadership in separate or special areas of program or in developing relationships.

In the fourth year of program nine of the twelve regular members of the group participated in leadership roles at one time or another. Only two could be considered "natural" leaders—persons who easily and with pleasure assume the initiative in planning and executing plans, who consciously enjoy the quickened pulse of organization. The others had to overcome reluctance to accept responsibility, diffidence in speaking out, or fears of meeting hostility. Their leadership was sporadic, restricted to special times, occasions, or relationships, but it added depth and resonance to group life. It also added markedly to the personality development of the people themselves.

Destructive Personality and the Group Process

In the four years of program the group had experience with two destructive members. One was the first president, and the group's experience with him was cut short by his death. The second was not a leader in the group; he was its major difficulty for three years. He undertook long-term destructive forays against half the people in the group and at one time or another outraged the feelings of nearly everyone by a word, a dig, a rumor. For a long time the group accepted his conduct while abhorring it because they understood his frustrations, his restlessness, his deep hostilities, and even his lack of contact with reality. They believed he could not help himself—that that was the way he was, and that it was pathetic. It took them three years before they could put pity behind them and bring him up on charges for expulsion to safeguard the group.

Only when threatened with expulsion from the group—when he realized that the group "had had it" with him and that either he

accepted its rules or out he went—did he modify his behavior. He did not change and become positive toward the others; he only modified in the directions specifically laid down by the group: that he could not attack or slander people, that he had to accept certain procedures and limitations. Only on this basis could he remain one of them.

In the three years preceding, the group had tried every other method—ignoring him, handling each incident as it arose, defeating him on specific questions, even “kicking him upstairs” by electing him vice-president to see whether this would give him a stake in the group—and everything failed except invoking the power of the group to retain or expel him. It was of such importance to him to remain in the group that he could conform to the letter of what was laid down even though he could not encompass its spirit.

Summary

When we began the group work program for adult muscular dystrophics we started from the premise that adult dystrophics, although severely handicapped physically, could function socially in a normal way: were capable of leadership; could plan, direct, and evaluate a program of their own choice; could deepen existing avenues of satisfaction and together find new ones.

Within our small membership we found that so long as a person could be brought to the center the degree of disability was not important. In fact, the most positive, creative, and participating members were some of the most seriously damaged.

The group functioned with the same problems and difficulties as any “normal” group—problems of vying for leadership and status, problems of tackling or abandoning conflict.

Our agency sees our role as helping, through the social group work process, to resolve the intense problems dystrophics face—and this in the direction of encompassing more of life, not in preparing for death. Our goal is not to make them comfortable till they die; it is to enrich living. And the most dramatic enrichments have come out of the planning processes and interactive processes of the social group.

The Muscular Dystrophy Social Group is a small group of handicapped. We feel that further research with this and other groups of handicapped could materially test, deepen, and extend our knowledge of the social group work process for those whose human potential has been cut down by disease.

Group work in limited therapy situations

SHIRLEY LONDON

In the previous article, entitled "Life Enrichment of the Seriously Handicapped Through the Group Work Process," it has been indicated that the original project related itself to a group work program exclusively. It was only incidentally that we began to find that the group work process, through its reality situations, was a quite significant factor in enabling several patients to make appropriate use of casework services. Prior to their participation in group work they had made only limited use of casework services, often resisting help with problems causing the greatest difficulty. Before discussing the factors in the group work process that enabled them to make better use of casework services, it may help to understand first some of the major reasons for the inability of a number of patients to utilize the casework services fully, directly, and appropriately.

Impact of Sociocultural Values on Self-esteem: Isolation

Our sociocultural values place great emphasis on appearance, physical self-maintenance, and productivity. Men are gauged—and gauge themselves—by these values, rating their worth as human beings by the degree to which they meet the standards of society, which are by consequence their own. To the extent that they cannot meet these standards, the value they place upon themselves is damaged. Usually a member of society who fails to measure up naturally

to one of these requirements can in some degree compensate for his failure by greater attainment in meeting the others. This is generally not true for the patient who suffers from muscular dystrophy. Ordinarily he is seriously and negatively affected in all three of these criteria. It is not surprising therefore that we find many patients with muscular dystrophy suffering from extremely damaged self-esteem. Coupled with this is the internalized anger engendered by their helplessness and inability to alter the situation. What we see is the manifested depression.

Another factor seriously affecting the patient with muscular dystrophy is the great extent of his isolation. Most people, including their own families, tend to shy away from an extensive, healthy relationship with the severely disabled. The separation is often intensified by the attitudes and behavior of the patients themselves, in addition to the real difficulties in mobility. These conditions usually limit a patient to isolated existence within his family—or worse, living alone enclosed by four walls, with an occasional brief visitor.

Defense Mechanisms Utilized

With the disability and its limitations causing so much pain to the patient, it is natural that he may attempt not to acknowledge the permanence or realistic consequences of the disability. It may be literally too painful for him to contemplate these facts. One of the strongest forces within disabled persons is the drive to be regarded as "normal" or nonhandicapped because they want to be treated, respected, and esteemed like anyone else.¹ In order to achieve this, the ego defense mechanism of denial comes into play to prevent full comprehension of the real situations.² Complete denial of reality is rarely seen, however, except in the psychotic individual.³ The ego functions of perception, memory, and anxiety often interfere with complete obliteration of the pain of the unwanted reality. Where the unconscious

¹ R. G. Barker and B. A. Wright, "The Social Psychology of Adjustment to Physical Disability," *Psychological Aspects of Physical Disability*, J. F. Garret, ed., Rehabilitation Services Series No. 210 of the Federal Security Agency (Washington, D. C.: U. S. Government Printing Office, 1922), p. 21.

² Sigmund Freud, "The Loss of Reality in Neurosis and Psychosis," *Collected Papers of Sigmund Freud* (London: The Hogarth Press and the Institute of Psycho-Analysis, 1950); Vol. 2, pp. 277–285, and "Splitting of the Ego in the Defensive Process," *Journal of Psychoanalysis*, Vol. 22, Part 1 (January 1941); Otto Fenichel, M.D., *The Psychoanalytic Theory of Neurosis* (New York: W. W. Norton & Co., Inc., 1945), p. 144.

³ Anna Freud, *The Ego and the Mechanisms of Defense* (New York: International Universities Press, 1946), pp. 85, 97.

ego defense mechanism cannot serve to obliterate it, the individual may then attempt modified and more conscious forms of denial. He will attempt to avoid situations that emphasize the reality aspects he finds threatening.

Reaction formation is another mechanism of defense employed by the ego in conflicts involving self-esteem. "Many persons who manifest more or less arrogant behavior are actually fighting against becoming aware of their deep inferiority feelings. . . ." ⁴ For treatment purposes it may be well to mention briefly certain differences between these two mechanisms, because of their implications. The denial mechanism is not a form of repression, but is aimed directly at the external world which inflicts the frustration so that the individual need not become aware of some painful impression from without.⁵ Reaction formations seem to be a consequence and reassurance of an established repression which succeeds in avoiding oft-repeated acts of secondary repression. "The reaction formation avoids secondary repressions by making a 'once-and-for-all,' definitive change of the personality."⁶ In this sense it is characterized by rigidity.

Problems Presented for Casework Treatment

Implied in the foregoing are several problems the caseworker can expect to meet in attempting to help the individual severely disabled by muscular dystrophy. From what is known about the mechanism of denial, it would seem that the later the onset of the disease, and consequently the need to use this mechanism, the better the chances for the ego to develop in a healthy way. The stronger the ego, the more capable the individual in dealing with real problems. Dystrophics who have had a satisfying life experience can cope, and use help, with presenting problems much more readily and ably than those who have not. Inversely, it is quite well known that the longer an individual has suffered from a damaged self-esteem and its symptom, depression, the more difficult he is to treat. The people we are talking about in this paper, therefore, are individuals suffering from (1) a prolonged depression of greater or lesser degree and (2) an early use of the denial mechanism, or a combination of the two.

These patients may come to the attention of a caseworker in a variety of ways, for a variety of reasons. It is in evaluating the

⁴ Otto Fenichel, *op. cit.*, p. 473.

⁵ Anna Freud, *op. cit.*, p. 96.

⁶ Otto Fenichel, *op. cit.*, p. 151.

patient's strengths and weaknesses and the goals he has set for himself that the worker finds his first obstacle, for even those who appear to have no goals do indeed have them. Set goals will often be unrealistic, or—worse—the patient relates to goals only in fantasy: "If I were well, I would do such and such," etc. In this form he wards off the day-to-day pain of facing the real consequences of his disability.

The caseworker's first object is therefore only indirectly related to the illness, for it is not the illness per se that causes the individual difficulty. The caseworker's first aim should be to help the patient accept the disability to the degree to which it exists, and the consequences of it that cause him so much pain. In this attempt many of us face a dilemma. Usually we would hope first to help our patients discuss the painful social realities resulting from the disability, in order to help them to deal with them. How we can do it with this group of patients poses a problem for the caseworker. The very weak egos and suicidal possibilities in these patients make it dangerous for any caseworker to attempt directly to uncover the denial mechanism. Discussing painful social realities is therefore usually out of the question unless or until there is some positive alteration in the outer and inner milieu of the patient, so that he can give up the denial mechanism in relation to the disability and its consequences.

Lucille Austin has used the term "experiential treatment" for the combination of support and interpretation of behavior common in goal-limited therapy.⁷ "Experiential therapy," as formulated by Austin, is "identified out of experience with people whose problems center around recognizable social difficulties." Mrs. Austin suggests that "change" is brought about through the use of the transference as the dynamic for providing a corrective emotional experience and through stimulating growth experiences in social reality. In some cases, selected interpretations may be made. Treatment is primarily based on positive experience in the transference and in life situations. Its objectives are mainly loosening restrictive ties to figures in the past, redirecting emotional energies, and promoting growth through increased satisfaction in living."⁸

Gordon Hamilton has written that "a new orientation in a living experience, especially if verbalized within the transference, may lead

⁷ Lucille N. Austin, "Trends in Differential Treatment in Social Casework," *Social Casework*, Vol. 39, No. 10 (December 1958), pp. 207-210.

⁸ *Ibid.*, p. 207.

to a change in feelings.”⁹ What is suggested in this paper, therefore, is not conceptually new. It is merely a statement of the fact that, because of the isolation of these patients, we cannot rely on their usual life situations to provide experience which would permit and encourage growth as does the group work process. Actually, many of the home situations are such that life's experiences and meaningful people are repeatedly damaging. Not only does the group work process provide a new orientation in a living experience, but it permits verbalization within a transference. The group worker, a person consciously using herself, is there to help the patient as an incident occurs. The patient does not need to repress or deny occurring situations or his feelings about them. Thus he is more able to bring concrete, supported feelings into individual treatment sessions. Several of our cases bear out this hypothesis.

T, a very intelligent man in his early forties, had overheard at the age of 15 that he had a limited life span. He promptly left school with the idea of enjoying what he had left of life. By the time he came to my attention he was 41 years old, wheelchair bound, and doing homework of a limited nature while his physically well wife of one year worked to support them. His mother had died shortly before his marriage. His father had died when he was a child and there were no siblings.

During our initial interviews T told us that he had twice attempted suicide and still felt that everyone would be better off if he were dead. His mother and now his wife had to take care of him while he did nothing for them. He didn't mind dying but he dreaded the future if he were to live another fifteen years. The walls of the apartment were beginning to close in on him. He spoke of his friends, but they had gradually moved from the city, so that it was only on rare weekends that he went out with people. It was difficult for him to go out with his wife alone as it meant her getting him up and down the stairs and presented other problems in physical management of which she was incapable. Any effort to discuss other help was brushed aside.

While speaking of wanting a “man-sized job,” T saw no way of achieving such a goal. In this, as in every other matter, he was full of self-derision. Although complaining of the lack of homework to make his efforts worth while, he was also having difficulty in completing work he was given. Despite his appearance as a charming, jovial, witty young man, it was obvious that he had to find some means of releasing his internalized angers

⁹ Gordon Hamilton, *Theory and Practice of Social Casework* (New York: Columbia University Press, 1951), p. 266.

more appropriately before he should again attempt to destroy himself.

T was helped to join the social group for several reasons:

1. He would be less isolated and would thus have an opportunity to go out into the world. This was intended to help break the painful monotony, leaving less time for negative introspection and giving him something to bring back into the discussions in the home as a contributing adult member.

2. As events occurred in the group or as a result of group activity which realistically provoked anger, T could be helped to express this and deal with the provoking situation immediately by means of a person consciously using herself for this purpose—the group worker. He would not need to suppress, deny, or internalize his feelings because of the impossibility of dealing with them at a given moment. Since the anger would not need to be suppressed or denied, he would be able to discuss it, the precipitating events, and the conscious dynamics of the situation when he later met with his caseworker.

3. Other social events might occur—not necessarily anger-provoking—which would provide a springboard for the examination of an experience and its implications for T.

4. T's personality and intellectual ability indicated that he might become a group leader. In any event, the group through its total program could provide situations for the redirection of his emotional energies, from which he could gain increased satisfactions in living.

5. If and when T indicated sufficient growth to tolerate the failure that vocational rehabilitation might prove, he would be prepared and referred for it.

In less than a year our initial goals had been achieved. T began to express his annoyances and angers as he met painful experiences in the group. While there is still a great deal of self-derision, his self-esteem has been somewhat enhanced as a result of the esteem in which his new friends hold him. In a casework interview he was recently able to talk about his feelings of anger when people either stare or turn around to look at him when he is out. He was able to say that this is the real reason he does not like going to movies, etc., with his wife alone. People stare at them. The increased self-esteem has also reflected itself in T's being able to discuss the meaning of homework to him and then proceeding to complete his work without difficulty so that his income is being somewhat increased. Simultaneously he is ready to discuss the employment limita-

tions presented by his disability and question whether the capacities he is using in the group could be utilized in some vocation.

In summary, the reality situations within group work permitted T to release feelings and gain ego support from positive experience in life situations. In turn, this enabled him to utilize casework services toward the goal of gaining a self-awareness "by exploring into conscious experiences, feelings, and dynamics which are derivative and therefore linked with the unconscious motivation."¹⁰ Now that T is reaching the point of being able to discuss the painful social realities that have resulted from his disability, the next step will be to help him deal with them more realistically. Such an integrative process will take time.

In another case the denial mechanism was more obvious.

This exceedingly immature young man in his early twenties, still ambulatory with difficulty, has had muscular dystrophy since early childhood. L, who has vacillated between periods of depression and euphoria, had been evaluated by several vocational agencies who rejected him because of possible limited intelligence and lack of motivation. His I.Q. testing was certainly sufficient for training in an unskilled or semiskilled job. His motivation was another question. I found the patient rather highly motivated, but toward unrealistic goals. During the course of several interviews he stated that he wanted a job that paid at least \$80 a week, that he wanted to work with "normal" people, and that he would like to be trained as a switchboard operator. He had previously refused and continued to refuse to discuss the possibility of a sheltered workshop. In discussing the job of a switchboard operator, the patient spoke of his hands "still being good" and "besides that all I'd have to do is talk." This was interesting, since the young man had already begun to manifest difficulties resulting from the deteriorating facial muscles and was hard to understand on the telephone. So well was the denial mechanism operating, however, that he denied having any difficulty in communicating on the telephone. Any attempt to discuss why he wanted to be a switchboard operator was blocked by his statements that he had figured this out on the basis of his usable abilities.

Seeing his speech as adequate obviously had intense meaning to L for him to deny so obvious a fact. In a patient having so much difficulty with reality that we already see the vacillation between depression and euphoria, we again could not touch the specific denial until he could bring it up himself. We therefore rechanneled our discussion into what not working meant to the patient. He could not articulate well except to emphasize that

¹⁰ *Ibid.*

he would never accept the kinds of decisions he had already received from vocational counselors: that he could not be vocationally rehabilitated. In further casework interviews the denial mechanism was again evident in the patient's inability to discuss homework, the sheltered workshop, or what it meant to him not to be able to work outside of the home. As he was a member of the group, it was suggested that he might want to bring up, for discussion within the group, the question of working—that it might be helpful to him to know how the others felt about it. L's immediate vocational problem was discussed with the group worker and she was advised that he had been encouraged to discuss his feelings in the group.

The purpose in suggesting group discussion was twofold:

1. It would prove ego-supporting to L to recognize that he was not alone in facing his type of problem—this seemingly obvious fact would be made concrete by the reality of the discussion.

2. Depersonalizing the subject matter somewhat in an ego-supportive situation would enable him at least to hear what was being said. If what he heard held any positives for him, he might then be able at the very least to discuss homework and the sheltered workshop as they pertained to him. The latter was particularly important, as he was shortly to enter a rehabilitation center where a sheltered workshop was available for training.

L's bringing of the problem into the group has been discussed in the previous paper. While saying that he would never face the possibility of not being able to get a job, he did in fact face it sufficiently to talk about it in the group and again later in an interview. In calling the group discussion, he spoke of the negative feelings of most of the group about not being able to do "normal" work, and the inadequacy of homework. Supported by the sense of common feeling with the group, L was able to talk about what it meant for him, like the others, not to have a job—to have to ask even for spending money. It was particularly difficult for him because of the extremely poor relationship between him and his father. It was noticeable that L no longer spoke in terms of \$80 a week but rather of earning "spending money." Further discussion revealed that he had based his aspiration levels on what he saw around him at home and therefore expected from himself. As a result of the group discussion he was able to lower his aspirations in accordance with the expectations of other group members to a more realistic level. He was able to accept the group's recognition and acceptance of the consequence of disability. L felt that perhaps he was better off than most of the others, because we had suggested he might get train-

ing and work in a sheltered workshop. While accepting the sheltered workshop in a more positive light, he was still doubtful that he would want to work in one. He thought he might try it out when he went into the rehabilitation center.

At this time we did not discuss L's wish to work as a switchboard operator, since he first needed time to integrate some of the recent new values before an attempt was made to uncover more of his ego defense. Later, after he had entered the rehabilitation center, he telephoned one day to tell us what satisfaction he was getting from participating in their sheltered workshop. At this time he told us that he was giving up the idea of working as a switchboard operator, as he had noticed that people were having difficulty in understanding him on the telephone.

L is now ready to discuss the painful social realities regarding employment. Help in dealing with these realities has already begun via the workshop, but will require much more time and work.

Another of our patients was Mrs. A. The previous caseworker had indicated to us when she left that Mrs. A was more depressed than usual, the immediate precipitating situation being her son's plans for marriage and decision to move out of the home. We began to see Mrs. A on a regular weekly basis.

Mrs. A is in her early fifties, having become aware of her illness in her early twenties. The deterioration had been progressive but slow. Despite increasing disability for a number of years, Mrs. A was ambulatory until her early forties. After that she managed her household and personal needs with the aid of a domestic during the day and her son, now aged 21, at night. Mr. A had deserted his wife and son when Mrs. A was in her thirties. After a short time, however, he began to visit regularly and make a financial contribution. On graduating from high school the son went to work and took over the financial maintenance of the home. Mr. A had remarried, and after this his contributions diminished.

In our early interviews Mrs. A expressed her hurt feelings at her son's decision to set up a separate household after his marriage. He had always spoken of living with her when he married and always "taking care of me." While intellectually verbalizing the healthy aspects of a separate household, she felt that in her case things could be worked out. In the course of several more interviews we collected the data from which we evolved our psychosocial diagnosis. One of Mrs. A's prominent patterns was to let events take their course until a crisis occurred. At times of crisis she dependently turned to others to solve the situation by manipulating the environment to her satisfaction without

involving herself. At this time she wanted us to talk with her son about changing his plans. When we presented our observation to her, she agreed that she thought her son would listen to us and would live with her after his marriage if we recommended this to him.

From our data it had also become obvious that Mrs. A had been unconsciously using her son in the role of both father and husband. While she had not physically seduced the son, there was much distorted sexual content in their relationship. For actual sexual gratifications Mrs. A had recently developed a relationship with a married man whose wife knew nothing of this affair. Mrs. A spoke of being physically a very passionate person. Underlying the need for sexual activity, however, seemed to be the need for reassurance of herself as a woman.

At the time that Mrs. A admitted her wish to have us influence her son, we explained that we could not do this. At the same time we offered to help her plan for the future. To the extent that her son wanted to be involved in this planning, we would be glad to speak and work with him, too. The major responsibility for this planning, we felt, rested with her and us, however. Our next six interviews were unproductive, with Mrs. A resisting any further discussion relating to the future. When her resistance was discussed she said that she didn't really want to continue because when she talked about it she had to think about it—and this was too painful. If she didn't talk about it she wouldn't think about it, and then she wouldn't get so upset. As this was being talked over we mentioned her previous patterns leading to crisis situations which were also painful. Planning could avert this pain. At this point Mrs. A stated that she preferred letting the future bring what it might. An attempt to discuss her fear of the future was fruitless. We advised that we would be available for future interviews should she change her mind.

Eight months after this last interview, during which time we had maintained contact relative to concrete services, Mrs. A telephoned to ask that we resume our contact with regard to planning for the future. In our first interview we questioned whether Mrs. A really wanted to talk about plans that might lead to pain, in view of her previous feelings. Her response was related to the group of which she had been a member for some time.

First, she had learned to speak out her thoughts and opinions. At times the consequences were negative, but no one ever shot her for having a different opinion or being wrong. At the same time it made her feel good just to be able to speak up and make decisions on her own without always following someone else and being afraid that they might get things mixed up. Second, she referred to the conflicts

that had occurred in the group and the fact that the group, as a group, was in pain at such times. She had learned that when they were trying to solve problems that caused pain, it was sometimes even more upsetting. In the time she had been a member of the group, however, they had learned how to solve many problems and now things ran smoothly most of the time. She thought she was like the group.

The fourth case presents a patient whose history and behavior suggest a probable reaction formation.

B, age 38, is wheel-chair bound and has been a member of the group for some time. As has been described elsewhere, he is one of the patients upon whom the group experience seems to have had the least impact. We have had casework contact with B in regard to concrete services, but attempts on our part to involve him beyond this have met with resistance. Perhaps casework, group work, or the combination has something to offer B in the way of services, but we haven't found our approach as yet. If B's unconscious reason for wishing to remain in the group was to elevate his own esteem through demeaning the other members, it is interesting that he continues to want to be a group member, since limits have been placed on this kind of behavior.

A therapeutic social club for post-hospitalized psychiatric patients

DOROTHEA CUDABACK AND R. DANIEL KAHN

The development of therapeutic social clubs in the community is rapidly becoming a significant trend in the rehabilitation of the psychiatric patient. During the past six years no less than seven such clubs have been formed in northern California alone. Important in the development of this new medium is the influence of therapeutic community concepts and treatment methods which enable patients to assume increased responsibility for their own behavior and care.

The Club

The Fellowship Club is a therapeutic social club which was established as a demonstration project in May 1956 under the sponsorship of the San Francisco Association for Mental Health with partial financing from the San Francisco Foundation, a private community trust fund. Its aim is to help the socially isolated former hospital patient achieve a more satisfying mode of social adaptation and increase his chance for integration into community life. The basic medium used is social and recreational activity under the leadership of a group worker and a psychiatric social worker.

The Mental Health Association served as catalyst in bringing together the various lay and professional individuals and groups interested in developing the project and studying the need. A Fellowship Club committee was set up, responsible to the board of

the association and charged with policy-making, staffing, and budgeting for the project. An advisory committee was formed to give technical assistance on matters of professional policy and practice. A liaison committee comprised of representatives from referring agencies serves as a mode of communication on program development and problems around referrals.

The club is patterned after the English therapeutic social clubs which are usually based in community settings with two professional leaders.

Average attendance at any one Fellowship Club meeting is from 20 to 25. Active membership averages 30 (an active member is one who has not missed more than three consecutive meetings). The staff consists of a caseworker who carries administrative responsibility for the project and a group worker, each working ten hours a week. The club meets once a week from 7:30 to 10:00 P.M. in a centrally located community center. Meeting in a social rather than a clinical setting is basic to the club's philosophy of social integration. The club has recently been augmented by two special activity groups (a newspaper committee and a cultural activity group) under volunteer leadership, meeting at the same center on other evenings.

Club activities develop out of the interests and needs of the membership with stimulation and guidance from the staff.

Criteria for Membership

Criteria for club membership are flexible. Any adult who has been hospitalized in a public or private mental hospital is eligible for membership. In referring patients the most important factor should be their motivation for improving their social functioning. The club is generally interpreted to prospective members in terms of offering an opportunity to develop more satisfying relationships, with the implicit promise of enjoyment derived from recreational group activity. Not everyone referred to the club gets there. Not all who come remain. Membership is voluntary and the individual is free to decide whether or not the group can be beneficial for him. The bonds of cohesiveness in this group are the common experience of hospitalization and the desire to master feelings of loneliness and isolation by belonging.

The club offers a milieu where diversified members can enter a variety of relationships. The member has the opportunity for play-

ing a variety of roles and testing out his self-image under a diversity of circumstances. He may be a sibling, a peer, a suitor, a twin, a parent, a leader, all within a changing configuration but always in a relatively stable protected social situation. The club is a kind of community that can offer the member preparation for the many types of relationship he finds in society.

Referral Sources

Members are referred to the Fellowship Club by hospitals, clinics, agencies, and psychiatrists in private practice. Close liaison with referral agencies is of utmost importance in facilitating communication about individual members and program. The psychiatric social workers of the Bureau of Social Work, State Department of Mental Hygiene, make the majority of referrals. They have been vitally involved in the development of the project and make an essential contribution to the ongoing program.

Screening is done by the referring agencies and generally cleared through the club director.

The following case illustrates how referring agencies use the club as an integral part of a total therapeutic plan.

Mrs. Johnson is an intelligent 47-year-old divorced woman who was seen on a weekly basis by her caseworker. She has had seven hospitalizations, which have followed periods of severe depression, withdrawal, and social isolation. Having no family, no job, and a pattern of isolation, she was placed in a family care home when she left the hospital. She was too self-depreciatory to seek employment on her own, so she was placed in a sheltered workshop. Her caseworker advised her going to the club because of her pattern of withdrawal. Initially she was ill at ease and admitted that she had to force herself to attend each session, although after she got there she was happy to have gone. With continued encouragement she took on increasing responsibility for leadership in the group. She talked about the group in individual interviews as though it were a part of herself. During the member's low periods, collaborative conferences were held between the referring worker and the club caseworker. In time she moved out of the protected living situation into her own apartment close by another club member who represented a warm mother figure to her. Now, a year later, she is becoming involved in outside social activity and has joined a hiking group. She has a regular job commensurate with her skills. The patient's improvement is seen as the result of several services and resources: casework treatment, family care, sheltered workshop, and Fellow-

ship Club all essential in the social rehabilitation process for this patient.

Referring agents see the club as:

Providing a safe and sympathetic milieu where patients may gain some measure of mastery over their social anxiety.

A learning ground for social techniques and skills.

An opportunity for patients to evaluate themselves more realistically in terms of their ability to relate to others.

In some cases, where patients have not been able to utilize individual interviews, a goal has been to work toward a referral to the club. The club has served as a diagnostic tool in some cases; in others, as a medium providing material for individual interviews.

Medical responsibility for members rests with the referring agency, which continues contact with the patient on an individual basis.

The Members

Essentially the members are chronically ill, in terms of severity and length of illness and in terms of their precarious social adjustment. For the most part members are impoverished socially and have no close, satisfying relationships. They have overwhelming feelings of shyness and lack self-confidence.

A little less than half the active members are women. Ages range from 20 to 68 years, with half the members under 35. Educational achievement ranges from grammar school to two years of college. The majority of the members are diagnosed schizophrenic. About a quarter of the members live alone, and a quarter live in family care homes. About half the members live with relatives. The majority are single, while over a quarter of the members have been either divorced or separated. One-third of the membership has been hospitalized under a year, while total period of hospitalization for over a third was over four years; of a quarter, over seven years; total hospitalization for one member was seventeen years. Level of social functioning ranges from a member who is practically mute, with stereotyped movement, to a young man who holds a responsible job and has genuine leadership ability.

Despite the age range, level of social functioning, and socioeconomic status, the members have a strong group feeling and a keen sense of responsibility for the club's destiny. This feeling is revealed in the following excerpt from an interview with a 25-year-old male member who had been active with the club for two years:

I never knew how to discuss things before. I was just told what was what and to do something because I was told to The club has changed my life—mostly, I wanted to do something, and something to belong to, and to be a part of something. I never belonged to anything in my life and at the club—it was easy. I found people who have had the same experience I had and I feel comfortable with them. The group is always moving. It is always alive and doing. There are no set rules but we have a good time—make friends and play games. I never knew how to play before. I never knew how to feel anything but tense before. In the club, you are treated as an equal and you are expected to express yourself. The club *cares* for its members *We are us.*

The Staff

As indicated above, the staff consists of a psychiatric social worker and a group worker. Dr. Harry Wilmer, an authority in working with groups, is the psychiatric consultant and is used to help the staff define problem areas, clarify their roles, and gain a better understanding of the group's interaction.

We have found that a club of this size and composition necessitates having two staff workers at each meeting. Members who are severely handicapped emotionally and socially have need for intensive help as a group and individually. The caseworker and group worker both work with the group as a whole and both enable members to use the group through individual help. Each has major responsibility, however, in the area in which he or she has particular competence; the group worker in the area of group activity and the caseworker in the area of helping members individually at the club as the need is indicated. In addition to more intensive help to members, advantages in using two workers in a program of this type are as follows:

Two workers insure continuity of leadership. When a staff member is absent or leaves, the group feels the loss keenly and shows evidence of regression. When the group worker recently left, many members were unable to absorb the fact that she was leaving permanently even though it had been thoroughly discussed. The continuity provided by the coworker serves to dilute some of the feelings of loss and helps to sustain group morale.

The presence of two workers increases the potential for members' getting attention and support, particularly during their early participation in the club. Since we all have varying capacities for acceptance of certain modes of behavior and symptoms, it is natural that workers

will vary in their ability to relate to some members. Two workers offer a greater potential for members' gaining genuine acceptance by an authority figure.

Having a man and woman worker offers opportunity for members to gain a positive experience with both parental figures.

Two workers can better evaluate what is going on in the group by augmenting each other's perceptions.

The wider area of observation provides a broader base on which to formulate diagnostic impressions and determine directions for program emphasis.

Of utmost importance in dual leadership is the basic acceptance and mutual trust and confidence the workers must have in each other.

Content of the Group Experience

A key to programming is the members' common strength of having some awareness of their problems and motivation to do something about them. The motivation is strong enough so that all members have sustained treatment, at least to the point of referral to the club, and come voluntarily to the club group. This emotional awareness may be partially the result of personal deprivation, hospitalization, and painful consciousness of their own raw feelings. In a therapeutic milieu, in or out of the hospital, it is this quality that enables the group to understand, help, and limit its members in ways which might amaze the outsider.

One of our most faithful members gives the appearance of being almost catatonic. His face is expressionless, his arms stiff, his speech restricted to grunts of yes or no. Yet his fellow members have an understanding and respect for him that has helped him to accomplish surprising things. For one of our recent skits, the group starred him as a policeman who clubbed the robber and dragged him off stage. He did a wonderful job and seemed to enjoy it immensely—a delightful piece of casting, done by the group without help.

Accepting as they are of others, the members do not tolerate behavior that threatens group welfare, and deal firmly but acceptingly with members who display it. At a recent club variety show, one member's contribution was a rendition of a revival hymn. His singing was about the worst the worker had ever heard—squeaky, off key, and tuneless. The group suffered through the first verse, and when it became apparent that the singer planned to continue through all four verses, one in the audience said, "Let's all sing!"

We have never heard the group sing more spiritedly, as they joined in the remainder of the hymn. Our performer, directing his volunteer chorus, seemed quite pleased by it all.

Pooling Strengths

In a club like the Fellowship Club it is tempting to over-rely on a few because many in the group are so crippled by personal pressures and fears that they find it hard to carry through responsibility. They often forget what they have promised to bring by way of program supplies, or fail to attend a meeting at which they have assumed a leadership position. They require an exhausting expenditure of patience and support by the staff. The group cannot be fully successful unless all its members, even those who seem least capable, have ample opportunity to use and pool their strengths.

We have found by painful experience that one way to deprive members of this opportunity is to encourage a few seemingly competent members consistently to take more responsibility than others. During the club's first year of operation one member wanted to be a leader. Because he apparently had more ability than most, the staff was pleased to have him take some of the burden of work. More and more it was he who provided transportation to club events, collected supplies, and supervised activities. After several months of this, he suddenly stopped coming to the group. He returned a month or so later to tell us he had left because he thought he was doing too much—depriving other members of a chance to lead, and to his own detriment beginning to think he was running the club. He clarified an important point.

For these sensitive people elections are traumatic both to electors and to those elected. They mean selection of a few and rejection of others and may encourage harmful power struggles and jealousy. Having elected officers tends to give some members disproportionate power and so diminish the power and feeling of responsibility the group as a whole should have. The club now has only one voted officer, a treasurer, elected for a three-month period. Members usually handle treasurer elections quite neatly. They nominate one person, quickly move that the nominations be closed, and then vote unanimously for the one nominee. Occasionally two are nominated and the group sits numbly for a minute; then someone moves that we have two treasurers, the group unanimously agrees, and again no choice is needed. Those few members who have wanted elected

officers apparently wanted to copy other social groups, implicitly denying the distinct needs of this group, or were anxious to obtain a leadership position which could more helpfully be achieved in other ways.

At the monthly business meeting all members form into two groups, one for program-planning, the other for administration and policy formulation. The caseworker meets with the administrative group, the group worker with the program group. These subgroups join together for a general meeting an hour later to pool ideas and make decisions on submitted recommendations. The program and administrative groups each elect a chairman for that session. The administrative committee chairman chairs the general meeting; the program committee chairman reports on his committee's suggestions and leads discussion on them. The individuals selected as chairmen for these sessions are chosen by members on their desire for leadership experience rather than their ability. The group has been successful in encouraging all but a very few members to chair meetings. The members select more adept leaders for formal occasions such as a large open house or introduction of guest speakers.

Handling Problem Situations

The club is a training ground for social growth, providing an opportunity for members consciously to evaluate and improve their social relationships. Helpful group interaction is considered the basic method of treatment, and we work toward enabling members to depend more on group than individual staff contacts. When individual help is needed, one worker leaves the group (usually the staff member who at that moment has less responsibility for the group program) to provide the assistance needed. This often takes the form of preparing the member to turn to the group for help.

The following is an example in which individual help was given by a staff member. Several factors in the situation indicated need for immediate individual handling. The incident pinpointed general concerns members were having about overdemonstrative behavior in the group. The staff subsequently encouraged the group to continue discussions about the social behavior they expected of others and of themselves.

Both workers were engaged with the group when Sam came storming into the auditorium where most of the members were folk dancing. He bellowed that he was leaving and wouldn't return if immorality persisted at the club. Sam, a middle-aged

man, is somewhat of a father figure in the club with considerable status. Most members relate positively to him, though at times they are openly critical of him.

One of the workers followed after Sam while the other worker remained with the group. Sam described in graphic terms how he had seen two of the younger members upstairs having sexual intercourse. The worker indicated if this were true, Sam had every right to be concerned and this would not be tolerated at the club. Sam was assured that the matter of the couple's behavior would be looked into. The worker, knowing that this type of behavior was of concern to the total group as well as to Sam, encouraged Sam to bring the matter up with the group. During this time the couple came down. Ted, the young man, was panic-stricken when the worker called him aside. The ensuing interview revealed that Sam's statement was grossly exaggerated. Ted needed reassurance that kissing the girl was not bad, but nevertheless it was not appropriate for them to hide and "neck" at the club. Ted was concerned about what Sam thought, and it was suggested that the matter be discussed jointly the following week, as Sam had already left.

Because Sam was the sort of person who would run to authorities about behavior he disapproved of, the club worker shared information about the incident with Sam's caseworker and social workers for the two young members, as well as the director of the club's sponsoring agency. Indeed Sam went to the agencies. His caseworker was able to help him gain some insight into the strength of his reactions. In a subsequent joint interview with Sam and Ted, Sam was sobered and closer to the reality of the situation. Ted learned that he didn't get the punishment he anticipated. On the contrary—an authority figure could accept his feelings and urges, but he would have to control himself to make an adaptation to the social situation.

Events or behavior which are so disturbing to the group that they threaten progress should usually be discussed in the total group. In these discussions members are usually quite open and astute. We have had profitable discussions on the group's anger at the change in staff, their ambivalence and fears about a party they planned to give in a psychiatric hospital, and their concern about a member's aggressive behavior. At one club party a very obese member, who had been observed by us to have excessive oral needs, saw we had a surplus of dessert and prepared to take a pie home with her. Members who saw this became quite indignant and demanded that someone do something. This was a culmination of resentment toward some in the group who had consistently taken freely from the club but had not assumed much responsibility for club operation. This situation was a group problem as much as an individual one, so instead

of talking to the girl privately we called a group meeting right then and there. After venting their feelings about this sort of behavior, the air was cleared and members began to talk about their own personal desires for extra food. Animosity toward the girl decreased and the group made a plan for systematic division of surplus food after each party. They also reaffirmed the importance of each member taking responsibility for club operation, not only for the club's good but for their own growth. As one member put it, "In the hospital, we get used to depending on others and being given to, and we have to learn to overcome it." Further discussion on this was deferred to the following business meeting and the members went back to their party relaxed, and probably wiser.

Activity Programming

Members come to the group with a background of personal and social deprivation, which is reflected in their tremendous lack of self-confidence and fear of failure. Often their recreational interest and experience have been limited to spectator activities. They want to increase their skills and broaden their interests, but need an unusual amount of direction and support from the staff in doing so. It is important to help the group plan activities which protect the members from feeling too alone, conspicuous, or inadequate. Many times common recreational activities must be modified or simplified in some way to help the members have the kind of experience they want. To help them overcome their fear about leading, we often have coleaders or leadership committees for mutual support. Co-operative activities like community singing, cooking, and party preparation minimize the necessity for individual achievement and the threat of personal failure. Group or team competitive activities that emphasize co-operation above competition are more popular than individual competitive activities. Volleyball is more popular than basketball. Charades acted out by an entire team are more popular than those acted out by one individual. In individual competitive activity like ping-pong and table games the members' desire is not primarily to defeat their opponents but to prove to themselves that they can achieve and participate comfortably with others. They seldom total the score and usually spontaneously help the low man get points.

The size and composition of the Fellowship Club require programming for both total group and subgroup activity. Certain

activities seem best carried out by the entire group meeting together. The whole group should make decisions regarding administration and programming. Some recreational activities such as dramatics, folk dancing, community singing, and variety shows profit by the greater number and diversity attendant upon total group participation. These activities figure prominently in club programming, but the group also wants regularly scheduled subgroup activities to provide variety and opportunity for each member to find others with whom he can be most comfortable. For many, small group activity provides the most fertile ground for warmth and ease in subgroup activities. About a third of the club's time is spent in subgroup activities. They seem most successful if members can move from one to another easily. Members like individualized activities without isolation. One evening when our volleyball game was forced to move into the auditorium from the gym, we noticed that there was greater than usual participation and enthusiasm in the game. Card games and copper jewelry enameling were in process on the auditorium balcony, and a discussion group held sway in another part of the room. Members who ordinarily were too timid to play volleyball when they had to go to another room, were drawn more easily into the game by the players and did not have to feel that they were in any way sacrificing contact with the rest of the group or the staff. Sometime during an evening of subgroup activities, the members want some total group program to tie the group together. We often start a special interest evening with a brief discussion or plan to meet together at refreshment time.

Dances in which men and women dance as partners are often threatening to members because of the sexual and selection-rejection factors. Members seem to enjoy dancing most when they can relate and interact with the group as a whole more than to one partner, and when the trauma of choosing partners is minimized in some way. We have found that folk dancing avoids these problems, especially circle and line dancing in which members have the choice of picking partners or simply joining in the formation and being paired with one. Mixers help to relieve the anxiety in social dancing, especially mixers like the broom dance which call for many changes of partners during the dance piece. It is not uncommon to have ten couples participating in a folk dance or mixer and only one or two in the following unstructured social dances. We have found that the club schedules conventional dances believing these to be the expected recreation for adults.

Members like programs that encourage the least threatening interaction of most people. Activities in which success depends more on chance than on acquired knowledge or skill are favorites. Tripoli, Chinese checkers, gambling with fake money, and flash card quizzes meet these requirements. The structure and direction of such activities enables even new or withdrawn members to socialize quite comfortably. They are a valuable aid in helping the group relax and prepare for more personally demanding activities like dramatics.

Among the most meaningful kinds of program activities are those that give members an opportunity to work on common problems. These include shyness, loneliness, concern about employment, feelings about having been hospitalized, and fears of returning illness. The group may use discussion alone as a treatment tool or may supplement or substitute with activities like sociodrama, role-playing, or impromptu dramatics. Often it is easier for them to express their feelings in action rather than words.

A year ago the club was asked to participate in Mental Health Week by hosting an open house for San Franciscans active in mental health. After a soul-searching discussion the members consented. As part of the open house program, they decided to present a skit about themselves as former mental hospital patients and participants in the Fellowship Club. The planning group agreed that it would be best to get ideas for the skit by acting out certain situations spontaneously, and so divided all the members at random into four teams and asked each team to act out a new member's first night at the club. The teams were assigned separate practice rooms and given ten minutes to prepare their skit. The staff purposely kept away to allow the group maximum freedom. When the skits were presented, it was immediately apparent that members were acting out not hypothetical situations but their own feelings about mental illness and social isolation. In each of the first three skits the new member was shown as very tense and quite bizarre. The club members who were trying to make him feel at home were aggressively outgoing. In reality new members do not act strangely, and the older ones are warm but somewhat shy with them. Here the new members showed the way they felt when they first came to the club. The older members portrayed themselves as they would like to be. Each was acting as he thought he was expected to act.

The last of the four teams surprised us by deviating from the assigned theme. They introduced their skit as a member receiving shock treatment before he left the mental hospital. Extremely

frightened, he was strapped down to a table by two burly attendants, a nurse and a doctor. A dentist arrived and pulled his teeth at the same time because, he announced, they were "cutting down on the budget." The doctor flipped a coin to decide on a number of volts to give, and the scene ended with the patient in complete collapse. This expression of feeling was developed further in discussion made possible because the tension about treatment had been materially relieved by the open portrayal of feelings and the opportunity to laugh and shudder together about them.

Another rather interesting bit of play-acting developed for the same skit showed a prospective member in an interview with his social worker. Behind each were their alter egos, saying what each was really thinking. These three skits combined with three others and tied into a pattern comprised our presentation for the open house. We've often wondered whether our guests for the evening realized they were watching more than a group of nervous actors attempting to be entertaining.

Fellowship Club As a Transition Experience

In a follow-up study of members active during a four-month period, over half of the active membership showed pronounced improvement in their social functioning. Criteria used in assessing improvement were: increase in ability to plan and carry out responsibility for club activity, movement on to social activity outside the club, and improvement in employment status. A quarter of the group had "graduated" from the club to other social groups and activities. Period of membership for this group ranged from six months to two years, with from 22 to 142 sessions attended.

Initially a two-year membership limit was set. In view of the numbers of chronically ill members referred it soon became obvious that a time limit was unrealistic and that needs of members varied widely. Discussions in liaison meetings have pointed to a need for the formation of additional therapeutic social groups which would include healthier patients with potential for more rapid social integration. An expanded program would allow for closer liaison with community social and recreational resources and provide more help in enabling members to move on to these facilities.

For some members the club may be the only really satisfying social growth experience. The fact that they get to the club is in itself a transitional step toward health. The concept of transition, particularly for the schizophrenic, has to be viewed in this context.

Summary

This paper has described a club project developed to meet some of the social and recreational needs of post-hospitalized psychiatric patients—socially and emotionally handicapped persons who come together not just to pass leisure time or have fun, but purposely to prepare themselves for their future. For either members or staff to deny the treatment aspect of the group would be detrimental to group movement. These groups, highly charged with personal involvement and unmet needs, will have considerable impact upon members. If the group is not given the kind of help it needs, members' ever present fears of inadequacy or rejection may be seriously intensified. A poorly staffed group can be more harmful than none at all. A successful group experience can enable members to achieve a very vital measure of personal and social growth.

Size, criteria for membership, staffing, and sponsorship will and should vary to meet the needs of the particular community and agency involved. We have no blueprint for the perfect program. During the Fellowship Club's brief history there have been many modifications, and it is to be hoped that further changes will be made as we gain experience with this type of group.

Group work with delinquent adolescent boys

JOHN H. JONES

This discussion will deal with a treatment agency, Neighborhood Youth Association of Los Angeles, its structure, the community it serves, and the way it operates as a group work agency treating the troubled, bewildered young people within its scope of influence.

The thinking world is much concerned with the disturbed youngster—the “delinquent” for whom the world is his enemy, at which he must strike out with a will to hate, defy, destroy. Individuals, churches, community-minded groups, frightened parents, and discerning young people themselves are frantically initiating diversions and distractions for him. And he is often *helped* through difficult periods by sheer diversion and influence. But we are more ambitious for this young, rebelling human being. We have faith in his ability to face his problems and change his attitudes and behavior. We believe that he can become at least a moderately happy and socially acceptable individual, with our help—hence the treatment agency.

The administrative structure of an agency determines the potential for fulfilling its objectives. Neighborhood Youth Association, founded in 1906 as a settlement center, became a treatment agency twelve years ago, with the following statement of purpose as its guiding service policy:

It shall be the purpose of Neighborhood Youth Association to provide a group work service for youth with more than average social and emotional problems in order to enable them to develop

socially acceptable and personally satisfying relationships in the community.¹

The perception demonstrated by this change of focus in service is indicative of the administrative caliber this agency has maintained. Throughout the ensuing years, certain administrative policies have developed which have proved most effective in carrying out its stated purpose. From the practitioners' point of view these particular policies are of special importance: (1) The board of directors follows a rotating system, with members rotating out of office after a second three-year term, and the board is staffed by the agency executive. The advantages of this system, both from the public relations standpoint and administration, are obvious. (2) Staff members are heartily encouraged to attend all board meetings and are appointed as staff representatives to the personnel and program committees of the agency. By this means board and staff members develop an effective working relationship. (3) A staff report is part of most monthly meetings of the board. These reports serve to keep board members abreast of the practitioner's job and point up community needs upon which the board may act. Examples of the way in which this mutual board-staff support works can be seen in the board's initiation of an extensive drive for special schools in the West Los Angeles area, formation of remedial reading classes, and establishment of a job-finding committee.

The close relationship of board and staff helped a group worker, in the absence of the executive, take responsibility for refusing to submit all club members' names to the police. She based her refusal on the agency's practice of confidentiality, which had been observed throughout the life of the association. When the worker reported this incident at a board meeting, board members formulated a very strong *written* policy of confidentiality and commended her for her stand on the matter. It is also through this policy of staff reports that our present demonstration project of offering casework to the families of children in our group program came about.² These administrative policies, which foster mutual interest, understanding, and awareness, produce a climate that enables the practitioner to work with assurance and freedom.

¹ *Board Members' Handbook* (Los Angeles: Neighborhood Youth Association, 1958), p. 5.

² "... N.Y.A. is presently engaged in a two year Demonstration Project . . . to ascertain whether the rendering of case work service to the families of group members will hasten and strengthen the positive change which the group members are making through their group experience." *Ibid.*

Type of Area Served

Although young people of all socioeconomic classes may need treatment, the three neighborhoods the association serves are typical lower-middle- and lower-class communities. They are surrounded, however, by upper-middle socioeconomic neighborhoods with different racial, religious, and cultural backgrounds which intensify the conflict of teen-agers' need to conform to their peer culture. The lower-class neighborhoods that we serve contain additional pressures that contribute to delinquency. These communities are sociologically "ripe" for gang activity. Substandard housing, rivalry with adjoining communities, discrimination, and the presence of adult former gang members are elements that could provoke open adolescent hostility at any time. The present absence of organized gangs in these areas is attributable in part, we feel, to the effectiveness of our program over the years in reaching a large segment of the emotionally disturbed, lonesome, and frightened children normally attracted to gang activity.

Group Formation

Important to the effectiveness of treatment in a group work setting is the way in which groups are formed. Schools make a major proportion of the referrals to the Neighborhood Youth Association. Other referring agents are probation officers, public housing officials, juvenile police, clergymen, and others. School officials are encouraged to refer children of the seventh and eighth grades who are beginning to act out feelings of rejection and show defiance of authority. Information provided by the initial referring agent is supplemented by personnel of other agencies or institutions. We find this procedure to be quite advantageous inasmuch as it includes most of the authorities with whom these children might become involved during the treatment period.

In addition to the usual identifying information, the Neighborhood Youth Association referral form asks for the marital status of parents, for the child's I.Q., friendship patterns, ability to relate to peers, attitude toward authority figures, specific antisocial behavior, and the primary reason for referral. The referral form is completed by the social group worker in conference with the school vice-principal, counselor, and/or the school social worker. One or two staff members and the supervisor-executive then evaluate, on the basis of the information, each individual's potential ability to relate to other

referrals and use the agency program. We look for aggressive, acting-out individuals with relatively similar intellectual capacities, experience patterns, associates, school grade, and overt manifestations of problems. Overlapping friendship patterns and proximity of residence are also important.

Occasionally one of the referring agents wishes to refer a group of boys or girls whose association pattern likens it to a club or loosely knit gang. Using the above criteria, the agency sometimes accepts such a "natural" group or segment of it, totaling not more than nine.³ In contrast, groups are also formed around a nucleus of three or four individual referrals. In either case we reach the same type of child, since disturbed children attract one another. Examples of these two types of referral are found in the cases of the "Kings" and the "Venetians," two boys' groups from separate but similar neighborhoods.

The "Kings" started with a nucleus of three 14-year-old Negro boys—Mickey, Turk, and Tommy—living in a public housing project and attending a "last resort" social adjustment school. They were referred by the housing project manager because of their contribution to growing racial tensions in the project and surrounding community. Mickey lived with his mother, maternal grandmother, and four sisters (two of whom were illegitimate). The family was supported by the Aid to Needy Children program. His history showed the presence of acute sibling rivalry, particularly between Mickey and his next younger sister. His school record revealed poor attendance, inadequate academic performance, and defiance of authority. He suffered from hallucinations and displayed violent temper tantrums which were used with feigned illness to control others. It was obvious that this particular boy was seriously disturbed and in need of psychiatric treatment. We were subsequently able to help him obtain and partially accept this service while still a member of the group. Tommy lived with his mother, father, and seven brothers and sisters. He was in constant fear of his father—with good reason. His older brother, when still a child, had been maimed for life by the father's rough treatment. Tommy overtly conformed in the presence of his father but was covertly defiant and hostile. This pattern extended to all relationships, finally seriously interfering with his capacity to perform adequately in the school setting. His behavior was characterized by incessant bullying, fighting, and stealing. Turk had equally serious difficulties and family situation. Mickey, Turk,

³ *Ibid.*, p. 28.

and Tommy recruited six additional members all of whom lived in or near the housing project. The group was ultimately composed of six Negroes, two Mexican-Americans, and one Caucasian. They, too, had histories of maladjusted family relationships and serious emotional problems, including hatred and fear of girls, feelings of persecution, sibling and parental rivalry, severe guilt feelings, and problems around illegitimate sisters and brothers. Six of the nine members were children of one-parent families, and the father of one of the three remaining two-parent families periodically deserted.

The "Venetians," a group of nine Negro boys from a nearby old coastal town, were referred to the agency as a unit. Individually and collectively they met all criteria for acceptance into our program. The members of this group, with one exception, were products of malfunctioning family relationships. Four had one domineering parent who controlled all relationships by bullying, threatening, illness, oversolicitousness, accusing, and fighting. Four lived in psychologically broken homes with the parents threatening dissolution of their marriages. The ninth member was a youngster whose need to conform to parental standards and to teen-age culture caused severe inner conflict. He came voluntarily to the group for help. Illustrative of group members are Jack and Roger. Jack lived with his mother and stepfather and six brothers and sisters. Both parents worked at separate jobs during the day and worked together on a half-time night job. The mother blamed the stepfather for not providing her with adequate security to enable her to remain home with her children, where she was badly needed. She beat and cursed him and continually threatened him for being an inadequate father and husband. He in turn cursed the children, beat them, and projected blame for their behavior onto schools, agencies, and the community.

Roger was the youngest child of a family of five children. Both parents were alcoholic, and their only means of controlling their family seemed to be through physical fighting. A stranger going into this community upon hearing a disturbance might wonder why the police were not called. Inquiry would perhaps have brought the comment, "It's only the Davidsons. This goes on all the time." Everyone fought Roger. The older brothers fought to keep him from being like them. The older sisters beat him for the fun of it, and the mother and father used him like the family football. On one occasion the family moved without telling Roger the address or even their intent to move. Roger slept overnight on a pallet outside the vacant house.

The members of the "Kings" and the "Venetians," by and large, were children who had every reason to be hostile. They had a real need to "get even" with authority figures. They were little people who had been viciously subjected to the inconsistent rules and behavior of big people; suspicious of any form of authority and all adults. One may wonder how the worker was able to establish contact with them and gain their confidence. The mechanics for reaching our youth are quite simple, but an effective helping relationship has to be nurtured and developed. When a group of nine boys or girls has been selected for membership, each potential member is sent a letter inviting him (or her) to participate in the agency program. The letter suggests to these youngsters the prospect of forming a club of their own, having fun together, and being able to talk over things that bother them. It also sets a specific time and place where the worker will meet them. At this time and place the worker waits in the agency station wagon for the arrival of the prospective members. Sometimes they come. After some twelve years of NYA's being in the community, usually they do. But sometimes they don't, and then repeated attempts are made until worker and group members get together.

Setting a Treatment Atmosphere

The treatment setting, as represented by the agency, must be carefully designed to engender understanding and feelings of importance. In order that the member be made to feel a part of the setting, he is introduced to all staff members early, shown our facilities and equipment, and informed of activities available to him. Thus he is quickly made to feel that we have a personal and special interest in him and the group. During the early sessions with the group, interpretation of the service is a major focus. Programming is designed to stimulate a feeling of togetherness. The group must stand for something very early in its organization. The station wagon helps our youngsters feel that they are important. When children are picked up at school they very quickly tell their friends and associates. "You can't get in because you're not a member." They begin to say, "*We're* going to the beach." "*We* have a pool table in *our* clubhouse." "*We're* having a picnic." "John is *our* sponsor."

Interaction becomes focused as members ask why they were selected, how they were selected, and if their selection means they are juvenile delinquents. The answers of the group worker must show honesty, sincerity, understanding, and a real desire to be of help.

The prospect of having fun together in itself is not enough to induce disturbed children to attempt giving up their neurotic mechanisms for hiding anxieties and defenses. Members must assure themselves that their worker can accept and understand them in spite of their unacceptable, provocative behavior. During approximately the first six weeks, varying from group to group, the worker is subjected to a particularly rigorous testing period when members try his acceptance and, to a lesser degree, that of the agency. They may present themselves in the worst possible light, making claims of having long police records, being under the supervision of probation officers, "beating up" school officials, fathering children, and suffering from venereal diseases. Some act out their uncertainty around sexual identification. This early testing period is the time when many club members reveal delinquent behavior as a means of determining whether or not a worker is honest in his expression of liking for them and desire to be helpful. Some new members deceive—others show overacceptance.

The initial sessions establish the basis for all future relationships. Group workers use the early meetings to set an atmosphere of treatment. Much stress is laid upon problem-solving, similarities of problems, and some interpretation of the significance or possible meaning of behavior. Considerable emphasis is put upon the need to have fun together. Camping, cooking, hiking, parties, and similar activities are woven into conversation along with interpretation of the role of the group worker and the caseworker.

Individual interviews with clients are a vital part of our program. Workers plan interviews with individual members of a group as soon as possible, preferably during the first meeting. A registration card is the ostensible reason for the interview. Using information secured through other community sources, staff, or previous clients the group worker seeks to ascertain the way a member feels about himself, his family, other group members, our agency, and whether or not he wants help. During one of the early interviews he is told of the worker's wish to meet his parents and is encouraged to arrange such a meeting. Feelings about either or both parents and siblings are frequently revealed by what is or is not said during this first interview. For example, during our initial interview one member claimed to have two brothers and a sister. This false information proved to be an expression of deprivation stemming from his father's desertion of him. As the relationship between worker and member progresses, individual interviews become increasingly meaningful.

A few understandable and acceptable limitations must be established early in the treatment setting. Helen Northen states:

There is a difference between acceptance of a person as he is and of his need to behave as he does and acceptance of the actual behavior. Setting realistic limits can enhance rather than harm the worker's relationship with the members, for people don't really feel accepted by others who allow them to hurt themselves. Since expression of feelings is an important step in being able to do something about them, the worker understands and accepts verbal expressions of hostility. But realistic and consistent limits on aggravated hostile acts provide security and lead to movement toward internalized controls. The egos of these adolescents are not strong, so they need external controls of a non-punitive nature until they are able to control themselves.⁴

Permissiveness is frequently associated with descriptions of treatment settings. "Let the children act out their hostile feelings about being rejected" is frequently heard. This would be fine if the very acting-out did not provoke further rejection and thus increase the child's hostility. The setting of limits must, of necessity, be an integral part of the treatment approach in order to help individuals modify their acting-out behavior. When the child's impulse and defense reactions are harmful both to himself and to society, external controls are necessary to proper functioning. The group worker must not only be loving, accepting, nonjudgmental, but at the same time a limiting person. Aggressive behavior must be seen as symptomatic and indicative of some of the youngster's basic conflicts in relationships.

Roger of the fighting Davidson family came to the group with great enthusiasm—he needed something special—he needed to belong. The group had a special significance for him, but he could only relate in a manner characteristic of his experiences at home. Punching, pushing, threatening were his ways of saying, "Please accept me!" The worker had to teach Roger new ways of relating and at the same time stop him from punching others around in order to keep him, literally, in the group. Similarly Doug, a boy who felt he was no good and not acceptable to any male adult, expressed his resistance to the group worker by provoking arguments with other members, window-breaking, pushing, and threatening violence. Several times the worker was ultimately forced to intervene to protect

⁴ Helen Northen, "Social Group Work: A Tool for Changing Behavior of Disturbed Acting-out Adolescents," *Social Work with Groups* 1958 (New York: National Association of Social Workers, 1958), p. 66.

Doug from hurting himself and others. His reaction to these limitations was stalking out of the clubhouse, hastily walking down the street and going home. On each of these occasions the practitioner visited Doug's home following the meeting to reassure him of the worker's continued concern.

Treatment begins when the youngsters feel that the worker sees them as worth-while persons. Limiting their expressions of hostile destructive behavior can mean to the youngsters that the worker loves them and therefore will not allow them to hurt themselves.

Changing Behavior

Changing behavior in the group work setting depends upon the practitioner's skill in using this understanding of individual and group behavior. The worker uses his skills to direct group interaction into channels conducive to individual development and growth. Disturbed teen-agers with delinquent values can give up their non-conforming behavior for socially accepted behavior patterns only when the factors making unacceptable behavior necessary are examined, altered, and replaced. Defiance of authority is a way of life. In the eyes of our youth it is the *only* way. It is difficult to give up anything *that* important. When cigarette-smokers give up the habit, they chew gum or eat candy—they substitute for the loss in some manner. Psychologically, changing delinquent behavior has the same implication. If blind rebellion is to be halted, the social group worker must enable the adolescent to find acceptable creative channels for his aggressive behavior. The child must experience the satisfactions of new ways of relating. He must also learn in the group the rewards of controlled behavior as opposed to impulsiveness.

The importance of "matching" when forming groups is apparent throughout the treatment period. Homogeneity of sex, maturity, grade range, economic background, and similarity of problems is important in assuring the treatment goals of the group. For example, Bruce in referring to his stepfather said, "I hate Rocky and Rocky hates me!" Or Jack said, "My old man makes me wash dishes and doesn't make my brother do anything." Other members have similar problems in relation to their fathers and siblings but find verbalization more threatening. The worker's response to these verbal expressions of feeling not only helps members who are able to talk out their feelings but also spreads the therapeutic effect of the interaction to those who find verbalization difficult.

The group represents the family and individuals represent family members. In this respect the group worker plays the role of a parental figure. Characteristically individuals identify with the parental figure. When this phenomenon occurs in the group the members' relationships to the worker are oftentimes charged with feelings directed at the real parents. The process of working through feelings toward others is always apparent in the way in which individuals relate to the worker. In the case of Jack, for instance, relationships improved with his stepfather, but he was not convinced that this would last. He acted out his fear and anxiety toward the worker rather than spoil the budding understanding between himself and his father. Jack was very fond of the tobacco I smoked. In the past he had said that he wanted to sit near me just to smell my pipe smoke. Later he couldn't stand me or my pipe; he said, "John, your pipe stinks and you're an antique!" Jack and his father are doing very well now, but he is still uncertain of how long it will last. The practitioner is now taking the name-calling, rejection, and provocative behavior that had been a part of the relationship between Jack and his father.

Some members became catalysts for treatment within the group. The following excerpt will show how one group member aided the worker in his attempt to help another member begin to discuss his drinking problem in the group.

Carl asked the worker what could make a person's eyes red and inflamed. The worker suggested that dirt, lack of sleep, eyestrain, wine, or marijuana could contribute to the condition and perhaps Carl might see a doctor about it. Carl claimed he had seen a doctor and it was none of those things. At this moment, Dave interjected, "John, does one drink make you an alcoholic?" I said usually one drink didn't make a person alcoholic—were they afraid of becoming "winos"? The laughter and discussion that followed enabled Carl to admit that perhaps his excessive wine-drinking helped to make his eyes inflamed.

This record illustrates how a group member brought into focus Carl's drinking problem. The worker's response to the member aided in dissolving the defenses against realistically facing a problem.

Our children are frightened. Their distorted delinquent value system keeps them in constant conflict with middle-class authority figures. Survival in economically low-class communities requires a certain type of behavior, such as bullying, fighting, and knife-carrying. Our children feel that the world of adults is opposed to them. They

feel persecuted. The offer of help is threatening to them because they can't believe in it and consequently don't dare to give up their familiar methods of surviving in their community. Agency service therefore must be geared to relieve overwhelming fear and resistance to change. For example, Mickey would become terrified when boys from the adjacent community invaded his neighborhood. He was afraid of fighting, but even more afraid of being labeled a coward by his peers. Therefore he would be driven to remain to fight despite the overwhelming odds against him. The group worker attempted to help him in changing the group code by pointing out to the group that it was just as brave to run home when they didn't want to fight (by the way, few "kids" *really* like to fight) as it was to stand their ground to be beaten down.

The group worker as the enabler helps treatment to start by establishing an atmosphere for communication. When communication begins (and this frequently occurs at the most inopportune time, as on the return from a day-long trip when everybody is tired and the group worker's main immediate goal is to deposit these not-so-childish-acting children somewhere), it is the group worker who guides the exchange of feelings, and activity among members in order to make the experience helpful. This means constant evaluation of the group's feeling tone, the desire of individual members to be helped and to help others, and identification of the individual's problems and group problems.

The main purpose of social group work is to help the individual achieve more satisfying feelings of personal adequacy, self-worth, and greater social adjustment. To illustrate how these goals are achieved, the case of Bruce is presented to show his movement from the beginning of the group experience to the second year of treatment. Bruce is a small Negro boy, aged 13, with normal I.Q., who lives with his mother, stepfather, and half-brother. Bruce was referred as one of a friendship group attending the local junior high school. His school record showed bullying, stealing, smoking on the school grounds, fighting, and poor performance. Bruce related to the group as a member of a distracting subgroup. He appeared to be one of the most disturbed members, but at the same time one of the most personable. His idea of getting help from the group worker was to talk incessantly about himself. He wanted to be the first, and practically the only one, to discuss his problems. This compulsive speech became annoying to others and was a large factor in his membership in the unpopular subgroup. When members interfered with Bruce's

insistence on being heard from continually, he became quite hostile. Although relatively small, he could make it very uncomfortable for anyone trying to quiet him. He quickly jeopardized his position in the group, and in some ways the existence of the group itself. The entire focus of the group changed when the worker set limits on the one hand and encouraged permissiveness on the other. This kind of handling requires sensitivity and understanding as well as a capacity to show continued acceptance of the individual while limiting the specific behavior. The worker asked Bruce to allow others a chance to talk. This provoked Bruce's hostile feelings toward the worker. The worker's scant hair became for Bruce a subject for much hostile teasing and laughter in which the others joined. The worker's survival of this taunting helped to dissolve some of the destructive elements in the subgroup formation. He could show that he accepted himself—baldness and all—and everyone could laugh together.

There was a gradual diminution of Bruce's endless chatter. His less frequent monologues, however, often described him as in the vicinity of stealing incidents and school disturbances, though according to him he never took part in these antisocial episodes. But his activities finally led to his involvement with the juvenile police. Some of his associates accused him of being with them during a raid on a store. Police, with the co-operation of his mother, found some stolen goods under his bed. There was no longer any question as to his involvement. The defense mechanism of denial was broken. The group worker and the agency's family caseworker met with Bruce, his mother, and grandfather to discuss the significance of this behavior and possible ways to avert the need for this pattern of conduct to continue. As Bruce found that group members, the group worker, and some community figures accepted him even at his worst, he began a process of self-examination which resulted in some positive action. First he developed some program skills during club meetings. He learned how to play a few games, to sit still, and to play according to the rules. One game was particularly popular with him because it provided opportunity to "kill" one's opponent. Bruce became quite skillful with this game and quite adept at shooting pool. In addition to his personal gains, he began to obtain vicarious satisfactions from the gains of other members. With this beginning foundation, the social group worker consciously attempted to aid Bruce in developing an ego that could tolerate a move from denying his antisocial activity to a beginning process of self-acceptance.

Bruce's neurotic reactions could be discarded as he began to feel comfortable with more conventional reactions to people and community stimuli. Expectancy of persecution and discrimination were no longer necessary to cover up feelings of neglect, rejection, and low self-esteem. He is now an accepted member of a highly accepted group in his community and is well on the road to giving up his delinquent pattern for more socially acceptable behavior.

After the individual begins to change in the group, opportunities for further growth are stimulated by what goes on among the group members. This group interaction gains impetus from many sources. The group worker injects ideas for reaction, suggests program, and interprets to the members the possible significance of their behavior. Interaction frequently originates when one member begins to examine himself in terms of the value system of the group and worker. The contagion of this attempt to know "Who am I and what are my strengths and limitations?" reaches all members.

Group workers must remain alert to opportunities to extend the members' experiences to other areas of community life. Individual egos must be tested in the conventional community settings while members are still in the protective atmosphere of their group association. The worker must continually recognize the need to broaden the experience of clients in order to help them adjust to life's experiences and handle them more reasonably. As a child begins to feel that he is worth while he begins to differentiate between adults, through an honest evaluation of the merits of individual adults, and he learns some skill in relating to his peers and to others. We encourage the group members to initiate discussions of pertinent school problems with appropriate school officials and to engage in informal conversations with teachers. In addition, program activities are designed to provide club members with the opportunity to test themselves in social settings. For example, the group goes to TV programs, holds picnics in public parks, swims in community pools outside of its area. These planned activities lessen members' fears of the unfamiliar and enable them to enlarge their social boundaries.

Collateral Contacts

The group worker must have a workable knowledge of community resources in order to use collateral conferences to help the clients he serves. Some of our group members are in need of additional types of specialized services. Occasionally a child is referred to a psychia-

tric clinic or to a psychiatrist and sometimes—especially before the inception of our casework project—parents and/or children have been referred to a family agency. The group workers at NYA take responsibility for initiating and continuing contacts with each of the agencies interested in a particular case.

Conferences with school and other officials are held quarterly or as often as needed. If a child seems to be heading into more difficulty, the vice-principal will frequently notify the agency at the same time that he notifies the child's parents. This gives the worker an opportunity to interpret the significance of these developments and the possible contributing causes to the vice-principal. This type of collateral conferring promotes greater understanding and, in some instances, tolerance of the individual child in treatment. For example, the vice-principal who referred Doug saw him as a boy incapable of forming friendships with his peers. It was this area of Doug's behavior that he particularly watched through the year and a half of treatment. When he reported to the worker that Doug was now performing beyond his measured capacity to perform and now had some friends, he was also saying what the worker had observed earlier in the group—that Doug is a much happier boy and therefore much more appealing as a potential friend.

In addition to collateral conferences with school personnel, many of our cases involve conferring with juvenile police, probation officers, welfare and attendance officers, juvenile court officials, and—you name it! Here our work with other community agencies serves to tie together understanding of the child's background, contributing causes of behavior, and plans for treatment. Again, NYA takes the initiative in bringing together the resources of any agencies involved in a particular case. Obviously information gained through collateral conferences must always be handled with discretion. The relationship that exists between the group and the worker, the individual and the practitioner, must be one of confidentiality, understanding, acceptance, and trust. This kind of relationship frees the practitioner to act in his best professional capacity for the greatest good of the client.

Termination

Termination is a vital part of treatment because it represents the return of the client to the pulls of his environment without the supportive assurance of his group and group worker. However, many of our youngsters see termination as just another form of rejection.

The group has represented security, understanding, love, and a concern for each other. Many character changes have resulted from the client's identification with group goals. The child's ability to sustain a pattern of more acceptable behavior has been an outgrowth of the development of healthy group standards of conduct and community status. Removing the feeling of security engendered by the group, plus removing the fun of camping, cooking out, and mutually facing each other's problems, generates feelings of deprivation. Even though members are told that groups usually last about two years, the worker's mention of termination as a reality often brings forth the response, "We'll get into trouble again. We'll start stealing, fighting, beating up teachers, using 'pot' and 'messing up'!" An immediate psychological reaction to the realization that the group will end is regression to a symptomatic behavior similar to that observed at an earlier period in the life of the group. This is the time when the worker focuses group interaction on reviewing with individuals their growth and gains through the group experience. Doug, for example, was reminded that he used to run angrily down the street swinging a bat indiscriminately, intent upon destroying anything or anybody in his path. Now that behavior has been discarded; even further, he is a well-behaved member of a remedial reading class composed of boys from all over the city. He is also reminded that he has graduated into high school and that the interests of high school students are time-consuming because of the involvement with new friends, new groups, and new adults. Everyone looks at Doug admiringly and he obviously swells with a feeling that he is pretty important after all, and therefore begins to feel that he can make it on his own without the support of this group and this worker.

Review of gains and reassurance is only a part of the termination process. Members are made to feel that this is not the end. We will hold reunions, and the worker is always available for individual conferences. Members are encouraged to use the worker just as they have always used him to help find answers to troubling problems. Whenever terminated members are seen on the street or in the schools or in their relative communities, it is significant that each contact brings forth a review of the current behavior pattern, aspirations, and feelings about self.

Like group members, workers experience some anxiety around termination. The emotional significance of termination cannot be completely discussed with the child, but he must be made to feel the worker's concern. In some instances the gains made by a child

have been without the help of family or relatives. Some parents are impossible to reach and therefore participate very little, if at all, in treatment. The home environment and home relationships have remained basically the same. The worker hopes that the carry-over from the relationships a child has had in the group and with the worker will give him added strengths in handling his own family relationships.

Conclusion

Social group work in a treatment agency, like thoughtful, penetrating social work in any setting, is a laborious but fruitful task—at times disheartening, at times most rewarding. From the beginning steps of forming a club through establishing rapport and trust, discarding old ways, teaching new ones, and sending youngsters out on their own, it is both frustrating and fulfilling to witness change and growth in the individual and collective life of a group of troubled and troublesome young people brought together for their mutual good. Sometimes we see immediate and dramatic change; more often it is slow and faltering; once in a while we see no change at all. But all in all, we are convinced that the children who experience two years of group life in an intensive treatment setting such as NYA no longer need to croon the rock'n'roll complaint "Why is everybody picking on me?" but have, at least partially, *learned why*, and have come to know that they—and *all human beings*—are worthwhile individuals deserving of love, respect, and consideration. This belief *does* change behavior.

Social group work in multidiscipline resident institutions

JEAN HELDOORN

A study group of the Group Work Section of the Los Angeles NASW chapter has met informally during the last four years. Members of the group have all been lone group workers in residential treatment settings and have struggled to uncover a way of work for themselves. To date, the group has prepared a paper on the major responsibilities and area of professional service of the social group worker which has had many revisions. They have taken a step toward meeting the concerns of group workers in institutions through co-operation of administrators of the institutions and staff of the University of Southern California School of Social Work. It is presently planned that agencies in the settings represented in the study group may apply for consultation about group work practice with the staff of the school of social work.

The most recent refinement of the study group with regard to a statement of major responsibilities of the social group worker is as follows:

Social group work services, as an integral part of the total design of the agency, may contribute to fuller realization of the benefits of institutional group life.

The group worker's role in such a setting may be divided into the following major areas: social group work with small groups; group work services to the total institution; group work

services in relation to the community. The area of service to small groups requires the development of continuing professional relationship with defined groups of clients. Using his professional training and experience, the group worker is able to further implement the agency's treatment goals for group members through guided group experiences.

Depending upon the agency setting and the needs of individuals the group worker may work with a variety of types of groups. It is the responsibility of the social group worker to develop and work with these groups through which interpersonal relationships of individuals are improved, feelings are worked through, and emotional growth of the individual is implemented. Thus, the group worker might enable

1. Men who live together in cottage or ward to solve problems of adapting to living in confinement;
2. Recently arrived boys and girls to adjust to new people and unfamiliar surroundings;
3. Relatives to form a better understanding and acceptance of the clients of the institution and of the placement of the client in the institution in order to relate to the client with a support that sustains him in his confinement and when he returns to community.

In a residential treatment setting, such group experiences can be a method by which individuals are helped to overcome difficulties arising from problems of a physical, emotional, or social nature.

In addition to working directly with defined groups of clients, the group worker assists other staff members in their understanding of the nature of the interpersonal relationships developed through group living. In carrying out his function, for example, the group worker might be involved in

1. Offering consultation around problems and experiences encountered in everyday group living relationships in order to effect maximum benefit to the individual from these relationships;
2. Participation in staff planning in the area of intake, group composition, and staff assignments affecting group living.

The social group worker also participates in planning and evaluating program to meet particular needs of individuals and groups. For example, helping

1. A group which lives together to plan an open house and to invite another group for the purpose of developing more group feeling, reducing anxieties of individuals over relating with strange persons, and giving the group a sense of achievement and recognition.
2. Plan for the development of special activity programs to meet interests and concerns and increase self-esteem of individuals, charm groups, sports, sewing, reading clubs, music, and drama.

As a staff member representing the agency, the group worker takes part in interpreting agency services and needs to the community. This may include

1. Obtaining and training volunteers who may contribute special services and resources to over-all program;
2. Writing articles and giving speeches that may aid in the interpretation of the agency program to the community;
3. As a staff member, making a contribution to recruitment and field instruction of social group work students.¹

With this as background, I shall describe a specific group work program in a specific institution which illustrates the functions of the group worker as applied in practice. The purpose will be to show the contribution of group work in helping resident institutions for children to fulfill their purposes and also the roles of the group worker as a practitioner and consultant on problems of group living.

The El Retiro School for Girls is a small residential treatment setting for disturbed adolescent girls operated by the Los Angeles County Probation Department. Mrs. Dorothy Kirby, director of the school, has presented in an earlier issue of this annual series a thorough description of the program at El Retiro and the role of the group worker.² This paper will explore the adaptation of group work knowledge and skill in a resident institution from the viewpoint of the worker. It will be limited to the social group work aspects of the program.

Each of the forty-four girls placed at El Retiro is there by order of the Los Angeles County Juvenile Court and not by choice. The school offers an intensive treatment program to adolescents whose behavior can be described as falling within the range of acting-out character disorders. The goals of the treatment program are directed toward constructive changes in the attitudes and behavior of the girls, with the long-range goal of returning each of them to the community prepared to make a fair adjustment to life.

Philosophy of Program

When I started working at El Retiro four years ago, I was employed to take the place of a recreation director and to establish a group work program. The assignment was a broad one. It could

¹ The group preparing this material included, in addition to the writer, Harvey Bertcher, Art Bolton, Elizabeth Brainard, William Knipe, Doreen Lindsay, Fred Locke, Marion Sloan, and Janet Weymann.

² Dorothy Kirby, "A Group Work Program in a Children's Institution: An Administrative View," *Social Work with Groups* 1958 (New York: National Association of Social Workers, 1958), pp. 9-15.

encompass all kinds of aspects of institutional living, and in a sense, as the program evolved, it did indeed touch many aspects. A basic statement of philosophy of group work in this particular setting has been formulated through experience. On this basis the present program has been built up. In exploring and describing the function of the group worker at El Retiro, one may begin with the fundamental premise that each of the forty-four girls in placement is a member of a common community. They share a common experience, live in a common setting, and affect one another in their day-to-day living. The girls call the world within their walls the "ins"—everyone else lives on the "outs." Besides living in a common community, the group has many other common factors. These include similarity of family situation (many come from broken homes, and all from homes that have some pattern of disorganization); all have been involved in some form of antisocial behavior; most have run away from home; almost all the group have feelings of worthlessness (some have attempted suicide); a large majority have strong negative feelings toward adults because of past experiences; most of them have some problems in relating to peers. With this in mind, I attempted to apply some of the basic principles of group work to the whole group in the institution. My efforts were encouraged by the freedom and opportunity given by the director to explore a way of work in our particular setting. The school is a multidiscipline setting and any plan of work must relate itself to other disciplines. Our staff includes administrative personnel, caseworkers, psychiatrists, psychologists, cottage staff, school teachers, cooks, a doctor, maintenance staff, and a social group worker. In describing the group work program, I hope to show the team approach that has been emphasized by the administration in focusing the efforts of many disciplines on meeting the goals of the agency for the individual girl.

In formulating the adaptation of group work to the correctional setting, I found an apt description of the group worker's role in a booklet prepared by the United States Department of Health, Education, and Welfare in 1956:

Training schools have found a valuable treatment tool in the group living process which characterizes institutional life. It is now recognized that all training school personnel have occasion to observe students in group situations and that a large number of staff members actually work with children in groups. Making these people aware of their opportunities and helping them to use these aspects of the school life requires a well-planned and integrated program. It is here—in the treatment and the group life program—that the social group worker can make his greatest

contribution. He possesses basic social work knowledge and skills and a specific body of knowledge about group processes which enriches the total life of the training school.

The social group worker should be an integral member of the intensive treatment services staff. As a member of the treatment team, the group worker assists in the planning and development of the cottage life program. He contributes to diagnosis; suggests group living designs to support individual treatment; creates awareness of the impact of group pathology on treatment goals and suggests ways of meeting such problems. He can assess the treatment potential of program activities, their timing, scheduling and content, in relation to treatment goals . . . A group worker is equipped to give direct leadership to groups, formed on a selective basis for the purpose of handling and treating behavior and emotional problems . . . Lack of technical experience in using social group workers in these capacities makes it impossible to suggest a ratio of their number to the school population. It is obvious, though, that no person could perform adequately in all roles described here. Experimentation is needed in order to discover the maximum usefulness of this type of staff member.³

This reiterates the wide range of possibilities of job focus for the social group worker. It also underscores the fact that this adaptation of group work in the residential treatment setting is relatively new.

Ways of Working

In concern for the total group one needed to know the individuals in it—who they were, why they were in placement, and how they related in a group experience. Efforts toward individualization of each girl and recognition of her current group needs are keys to making group work an integral part of the total design of the agency. In this setup individualization begins by weekly participation of the group worker in the agency admissions committee, where the case history of each girl is reviewed by a caseworker and the decision with regard to placement is made.

The first group meeting attended by each girl is a weekly orientation group during her first five weeks at El Retiro. In this meeting the group worker has two specific goals. The first is to become acquainted with the girls, and the second is to acquaint them with agency program and procedure. The girls often express fear of

³ Children's Bureau, U. S. Department of Health, Education, and Welfare, *Institutions Serving Delinquent Children: Guides and Goals* (Washington, D. C.: Government Printing Office, 1956), pp. 53-54.

placement, hostility about being within walls, and anger at the circumstance that brought them to El Retiro. They are able to gain some support from realizing that others feel the same way and that an adult can accept their feelings about placement. They are usually distrustful and spend a good deal of the early part of their stay in testing people to see what they are like and how adults and peers will relate to them. Since approximately 85 percent of the girls are seen individually in psychotherapy, the orientation group is often used as an outlet for ventilating their feelings about therapy and their fears of being "odd." An example may be seen in the following excerpt from a group meeting:

Mary said, "Will I get to see a psych?" Jane retorted, "You need one." I indicated that a decision about Mary seeing a psychiatrist had not been made yet, but what did the group think about seeing a psych? Sarah said, "I think it's okay, mine's been helping me." Jane interjected, "I don't know, it seems to calm some of the girls down, but others kind of get more upset." Mary wanted to know, "Are we all crazy?" I said, "No, this isn't a place for crazy people. It is a place where we hope you can get some help in untangling some of the problems that brought you here."

Approach to Staff

Development of a way of work started with understanding something about the girls and then knowing the setting. The next step was to discover how to apply a group work program. Through the years this changes. It depends on the girls, on their particular group needs, and upon the staff. I found it necessary to begin the interpretation of group work with the staff. At first the cottage staff supposed I would "do something" with the girls as the recreation director had done before me. When I indicated that we would all work together at providing a program they appeared startled, but after a while accepted the idea because they found from their own experience that it was profitable.

Each month the cottage staff and I meet to plan and co-ordinate activities. We compile a monthly schedule for leisure time, and the staff is involved in planning as well as supervision of activities. When we started working together I had three things in mind, which have gradually become a part of the program: first, a cottage-centered group program; second, cottage staff being responsible for special interest groups; and third, a study by the group worker and cottage staff of group living as treatment.

The cottage-centered group program evolved from the four living units in our setting. Group composition is related to behavior patterns, and because of this the group needs are different. There are eleven girls in each cottage. One cottage is designed for orientation. Placement in one of the other three permanent cottages is made from the orientation cottage by the staff team assigned to it. Cottage assignment is by behavior patterns and ability to relate to peers: in one cottage we place aggressive acting-out girls; in another, passive-aggressive girls; and in the third, immature and impulsive girls. We have found that the interests of the groups are different and that the way of offering group work services needs specific adaptations to each. I meet frequently with cottage staff assigned to a particular cottage to plan together some of the small things that help in working with groups. Gisela Konopka has wisely said:

There is nothing dramatic about the group work method. Help in release and control of feelings, in adjustment to oneself and to others, in understanding values, in learning to give and accept trust, and in making one's own decisions and carrying them out—such help takes effect slowly, in small doses, more through day-to-day living than through much verbal expression.⁴

In our cottage groups we could see how it worked: a youngster being able to fix her room the way she wanted it, being accepted by an adult even though she had just broken a window, or finding that she could make a flower out of crêpe paper. These are some of the little things we have shared, the cottage staff and I, as we tried to provide a warm, accepting climate for the girls within our walls.

In the cottage-centered program, a president's council has developed. It is made up of the president of each of the cottages. The worker meets weekly with this council and we share in planning for all campus activities, learning how to conduct cottage meetings, and sometimes in changing rules. An example of rule-changing occurred when the girls requested that they be permitted to wear Capri pants on visiting Sunday when their families were on campus—this after much discussion and the writing down of the reasons as seen by the girls. The request was referred to a general staff meeting and—again after much discussion—granted. However, at present very few of the girls do wear Capris on visiting Sundays. Another project that interested the girls was the compiling of a brochure on tattooing and

⁴ Gisela Konopka, *Therapeutic Group Work with Children* (Minneapolis, Minn.: University of Minnesota Press, 1949), p. 134.

what it means to a girl to be tattooed. Members of the council asked me to take pictures of their tattoos and the scars left after removal by surgery, so as to discourage others from being tattooed.

The council takes ideas back to cottage meetings, which are led by the cottage president but directed by cottage staff. From these meetings the staff send in a report to me, and from the reports I try to co-ordinate the total group program. We have been able to plan regular monthly off-campus outings by cottage groups to movies, Dodger baseball games, civic light opera, the beach, and other places. The cottage staff plan with the girls for these trips and go with them. We try, as far as possible, to have the monthly trips open to all the girls in a particular cottage. It is something they do not earn, but can choose to go on because they live in a particular cottage. One group expressed their reactions to a trip recently by saying, "It was fine! Now can we go again, soon?"

The second major aspect of the over-all group program is the special interest groups led by cottage staff and volunteers. This part of the program evolved from a recognized need for small groups that the girls could choose from, which would offer opportunity for individuals to have creative expression, learn new skills, and identify with a small group. A rationale for this type of group and for most of the groups that have become a part of our ongoing program has been succinctly stated in an article by Marion Sloan.

. . . the social group worker strives to establish a climate of acceptance and relaxation in small groups governed by democratic processes, the structure and composition of which will allow the participants maximum opportunity for emotional growth in accord with their needs and capabilities, and will provide for each member satisfying and meaningful social relationships.⁵

I started the program by taking a survey of the special interests and hobbies of the cottage staff. This was quite fruitful, and new staff members have come to work with us; the attempt to uncover skills and talents has continued. However, outstanding skill in any particular area need not be stressed, since the special interest groups are really tools through which the cottage staff can share some of their own interests and the girls can gain a growing confidence in an adult. The kinds of small groups to which the girls have responded

⁵ In H. B. Trecker, ed., *Group Work in the Psychiatric Setting* (New York: Whiteside, Inc., 1956), p. 56.

include creative drama, charm classes, music, dancing, cooking, sewing, knitting, woodworking, library trips, and crafts. We also have three volunteers who come weekly for special interest groups, and in each of these groups the volunteer has caught the spirit of using the content of the activity as a tool in helping the girls relate to one another and in building up their self-esteem. The use of materials in special interest groups took a lot of interpreting. It was evident that the girls needed to feel free to destroy something they had created, as well as being able to create it. Some of the staff found it hard to accept that it was all right for Mary to paint a picture or make a ceramic piece and then tear it up or throw it across the room. Understanding came when interpretation helped them to see how a youngster tied up inside like a tight watchspring could find release from tension through freedom to destroy what she had made.

Some of the skills and techniques learned in the small special interest groups of three to five girls the staff was able to apply to their cottage living groups, and they began to bring into play other special interests in their day-to-day experience with the girls. For instance, one staff member perceived that a girl had become extremely upset over a visit with her parents, and when the girl returned to the cottage brought out a pile of tile to be cracked for mosaics. The girl worked out feelings on the tile.

The third phase of the group work as a team with cottage staff involved a study by worker and staff of group living as treatment. From time to time I have held formal in-service training sessions. It is an area of continuing need, since work with groups is never static; staff change, the committed residents come and go, and the girls themselves show movement in group and individual experiences that demand change and rethinking of group work efforts. The kinds of material studied in our sessions include: handling of group hostility; the testing of adults by groups and individuals; the role of cottage staff in group meetings; the importance of relationships; and the day-to-day living in groups that is a part of treatment. Group living is the primary advantage of institutional care over outpatient care. By the same token, if handled haphazardly it can be the primary limitation to treatment of those committed.

Basic to the concern about members of the cottage staff is the fact that they are in a position to lay the foundation for accomplishing many of the goals of group work, such as individualization and

development of elements such as a sense of belonging, the capacity of each individual to participate, respect for differences among people, power to contribute to decisions, help to the individual in learning how to get along with people, and a generally warm and accepting social climate.

Sensitivity to Group

Another part of the job is related to the initial premise that all the girls belong to a common community. The group worker serves as a person sensitive to the total group who is ready, when asked, to take the temperature of the group. By this I mean that the group worker should be in a position to know when problems are mounting to a high pitch, when group contagion has taken hold of the campus group, or when group pressure is being applied to one girl.

The focus of the worker is on the group and the total effect of group living on the individual. From this perspective the worker can be aware of the dynamics of group living—leaders, scapegoats, and girls who follow all the time. It should be purposeful knowledge, and can be, if information is shared with other staff. A means of communicating that has been effective is by weekly meetings of all staff working with a particular cottage. This includes the caseworker, psychiatrist, cottage staff, and a school teacher. The group worker alternates between the meetings and can thus capture the tone of the campus group. This casts the worker in the role of troubleshooter for group problems, a job well within her sphere. By observation and listening she can become an enabling person and offer suggestions to staff and girls in the problem areas. It does not require her to be a disciplinarian, as is sometimes true in administration; or to live with the problem moment by moment as the cottage staff does. Her detachment in these respects makes it possible for the group worker to be a mediator and at times the person in the best position to see many sides of the problem.

Involved in this aspect of the role and objectives of the group worker is a way of developing a warm and accepting climate. It is more than meeting crucial situations and in essence plugging up holes in the dike. If group work has meaning, it is in setting the scene for a constructive group climate where members are free to give to others and to accept from others in an interaction that opens the way for freedom in emotional growth. To apply this con-

cept to our situation: the lives of our girls are rather disorganized, inconsistent, and frightening before placement. When they come to us they seem to be asking for security and calm. It is fascinating to watch how they respond to routine, to consistency of limits, and to planned and purposeful activities. A schedule of activities that recur with relative uniformity is important. For instance, the fact that we always play Bingo on Wednesday nights has real significance. In practice, if it is changed to Thursday night the girls become disturbed. This is just another small thing, yet important in the total picture. The girls respond best to routine and to an activity program that is not too demanding, which they can choose to attend and which has in it some of the kinds of activity in which they have expressed interest. Right alongside the value of routine is the need for special activities, such as costume parties, dances with boys, and spur-of-the-moment activities. The two factors or phases blend together when we view them as part of the group worker's function in offering balance to the program.

Student's Role

Two years ago El Retiro was approved for field work placement of group work students from the University of Southern California. This has been a real boon to the program. The first year we had one student, and during this last year, two. This move has opened a new vista in working with groups and has afforded a chance to experiment with and demonstrate new group work projects. Each student was assigned to one cottage and has met weekly with that cottage group in a group social work meeting.

The meetings serve a twofold purpose. They have met particular needs of each group as these arose, in opportunity to explore, share, and concentrate on the group dynamics of a small living group. They have also been a means of demonstrating to other staff a way of work with girls in a given group. Gisela Konopka has made a discerning interpretation of the application of social group work method to the small formed group as follows: "The group work method is based on the emotional needs of each individual in the group as well as on the understanding of what impact those needs have upon each other. The group work method allows and demands the use of limitations."⁶

⁶ Gisela Konopka, *Group Work in the Institution* (New York: Whiteside, Inc., 1954), p. 126.

The following record from one student highlights the showing of acceptance and meeting the emotional needs of an individual.

I talked to Lola at supper tonight. She asked what we were going to do in group and I told her we were going swimming. She said that she couldn't swim, because she wasn't going to wash her hair until next week. I told her that she could come along and play the records, if she wanted to. She retorted that she would scratch up every one of them, if she did. I told her I didn't believe this, in a light manner. Later, I suggested that she could make the cocoa for the group, if she wanted; finally, she said, "I'm deciding." I told her she could wait and decide later. Before going swimming I took the supplies into the cottage for the cocoa. After the swim, someone called us to come in for cocoa; when we came in Lola was sitting in the TV room drinking cocoa, and winked at me. She announced that the cocoa was in the kitchen for everyone.

Here is an example of the need to know a girl and be able to predict behavior, along with recognizing that she did not need to be present at the swimming pool to be part of the group, but through being encouraged to make cocoa could achieve a sense of belonging and of self-esteem.

Another example from a student group record stresses the interpretation role that a group worker can play in relation to emotional growth. It reflects a student's experience with a group on a hike.

Clara, who had been reaching out to me all afternoon by giving me flowers and stating that they were for keeps, suddenly said I had really surprised her by enjoying riding on the merry-go-round. Fran said yes, the psychiatrist always gave the impression that to do anything like that was utterly beneath them and childish. Mary said the psychiatrist regarded it as regressing to childhood. I said perhaps they had misunderstood, that it was okay, I thought, once in a while to enjoy things like the merry-go-round, but to realize that you didn't act like young children all of the time; that continued childishness was what the psychiatrist objected to, because the girls were too old to act like babies all the time. They seemed to think about this. Fay said she guessed this made sense.

It is obvious in this record that the girls were asking both for acceptance of their behavior and for sensitivity to their feelings about wanting to play.

Student placement in our setting has enriched our total program and helped critical analysis of the role of group work in relation to other disciplines.

Other Groups

In this overview of the adaptation of group work two other groups may be included. One is the Big Sisters. Girls are appointed to this group by their cottage staff team when the team feels a girl is able to help a new girl in her adjustment to the agency. These girls are usually well along in their own adjustment to the program and in their ability to cope with some of their problems. They serve as sponsors to new girls when they arrive and try to help them to become oriented, and through some of the initial problems.

On occasion the Big Sisters give welcoming parties for new girls and use this time to share some of their own experiences. I meet with the Big Sisters and try to help them with ways of being helpful to the new girls. At the welcoming parties I observe the interaction of the girls and try to give some direction to the discussion. An example from the record of one of the parties reveals the feeling tone of the Big Sisters and their growing ability to get beyond their own concerns and be concerned for others.

I turned the discussion to running away, and immediately the Big Sisters responded by telling about some of their feelings. Mary said, "I've tried to stop a girl, first by being patient and quiet, then by being demanding and then by wanting to threaten her. It's hard to change someone's mind, but I know it helped me when I could talk about it to another girl." Lynn interrupted with, "Well, we'll do all we can to stop a girl, but sometimes she's just trying to get attention and you know there are other kinds of ways to get attention from the group besides attempted runs and breaking windows. You know, it will really surprise you how much attention you can get when you make good grades at school." Jane then said, "Yeah, I used to make all F's and D's but now I'm making good grades and people notice."

The other group developed to meet a recognized need is the pre-release group. From six to twelve sessions are attended by the girls just prior to release. For two years I met with groups of girls for a few weeks before their departure. Subsequently an administrative decision was made to have release occur throughout the year and not just at the times when school ends. The release group accordingly meets on an ongoing basis, and has thus become a group where some girls can be joining and others meeting for the last time in the same session. In essence, it is an experience with short-term group work that appears to be meeting a need and an agency goal in preparing girls to leave the school. It is a first step in coming

to grips with the realities of life outside. There are usually about five girls in the group. One has the impression that they are freer to talk and have to do less testing of the relationship, having known the worker in many kinds of group experience during their placement. They speak of many things, but common concerns are fears about release; realistic problems with regard to later placement; discussion about jobs; and how to make new friends, while staying away from the old gang. Girls are recommended to the group by their caseworkers and direct communication is carried on by conferences and reports between the caseworker and group worker.

On several occasions girls have indicated problems in the group and the suggestion has been made that they share it with their caseworker. A discussion provoked by release plans for one girl illustrates the ventilation of feelings about failure.

Lee accused Emma by saying, "You're going to get into trouble when you get out." Jane chimed in that she agreed. Then Emma said, "I think I am too." I then asked them to share some of the progress that each of them had made in recent months and indicated that maybe by telling Emma that she wasn't going to make it they were expressing feelings about not making it themselves. Each of the group spelled out some concrete gains they thought they had made and pointed to gains they had observed in others.

The sharing of realistic feelings and being comfortable at looking back, with an adult offering support, seemed to help these girls in gaining self-confidence.

Summary

The attempt has been made here to share experiences in direct practice. As a side note, one may add two ideas for groups we have been thinking of starting at El Retiro. They are a parent group and a group for released girls who have returned to the community.

The premise has been stated that work with the total community group in a small setting directs itself toward the interrelatedness of all that happens in such an institution. The significance of groups to purposes inherent in the treatment of individuals in placement has been stressed. This is one of the frontier areas of group work today, and there is opportunity for much exploration and experiment in looking for—and, it is to be hoped, finding—improved ways of helping those who face months and sometimes years in the world behind walls.

Impact of social change on agency administration

SANFORD SOLENDER

Every social change affects minutely the delicate social calibration of group service agencies. The steady increase in the population of the nation, particularly of youth and older adults, has sparked a chain reaction. The agencies have been adapting their operations to the new and expanding needs of youth and the aged, with collateral implications for staff, facilities, and budget. The spectacular evolution of recreational services for older adults is a dramatic example of the way group service agencies have accommodated to population change.

The growing leisure caused by automation and reduced hours of work has presented new problems for group service agency administration. Agencies must be prepared with more service, and more depth in service, to satisfy the complex thirsts evoked by the new leisure. Plans must be shaped to meet this need: personnel, funds, and other requisites must be found.

The insecurities and uncertainties of life in an atomic age generate other problems for the agency administrator. In the face of personnel shortages, securing sufficient qualified staff to meet the profound needs of people in this unsettled time—especially the needs of youth—sorely tries his ingenuity. He is concerned with guiding his agency through the program evaluation and planning demanded by these conditions. He searches for ideas and resources which will enable him to reach out creatively with new services required by changing circumstances,

whether they are activities for men in the armed forces stationed near by, programs carried on by unattached workers serving pre-delinquent youth, or other departures.

The rising economic level of the population creates a sequence of factors bearing heavily upon agency administration. Increased earnings pose puzzling questions concerning the size of membership fees and service charges. On the other hand, inflationary conditions press upon the vast majority of Americans, often causing financial over-commitment and family stress with consequent problems about which people seek help. Group service agencies require highly skilled staff and firmly developed relationships with other agencies if they are to respond adequately to such needs of their members.

Upward mobility is a deeply ingrained aspiration for most people in America. The 1958 Rockefeller report on the United States economy refers to America's recent experience as "a revolutionary upswing in the distributions of income." It declares that "millions of families and individuals have shifted from lower to higher brackets. Six out of ten families today are in the bracket between \$3,000 and \$10,000. In 1947, about one-fourth of all consumer units had more than \$5,000 per year income; nine years later the proportion had risen to one-third, in terms of constant dollars."¹

The projection of great segments of the population into the middle class has large implications for agency programs, facilities, staff, and operating practices. While evident especially in the suburbs, the influence of middle-class standards and strivings is generally pervasive. This point was strikingly illustrated in a recent *New York Times* account of a National Education Association report on juvenile delinquency which stated that "about three-fourths of this country's juvenile delinquency resulted from middle-class customs and judgments being forced upon normal, lower-class youth."²

Different recreational and social tastes, a new and higher degree of selectivity of companions, and greater mobility about the community are typical of the factors germinated by the middle-class milieu with which agencies must reckon. They have an important bearing upon program and the organization of group services.

Revised expectations of the physical setting for recreation, induced by this upward economic mobility, lend urgency to the provision of

¹ Rockefeller Brothers Fund, Inc., *The Challenge to America: Its Economic and Social Aspects* (Garden City, N. Y.: Doubleday & Co., 1958), p. 1.

² Bess Furman, under the headline ADULTS BLAMED IN DELINQUENCY, *New York Times*, May 13, 1959, p. 33.

modern, well-located facilities for group service agencies. It is fortuitous that the current economic swell has sustained the extensive construction of new buildings for group services which is so characteristic of this period. Lacking these facilities, agencies would be critically disadvantaged as to the availability of buildings where they are needed, and as to the presence of facilities sufficiently attractive and functional to gain status and acceptability, judged by the standards evoked by social class considerations.

The middle-class phenomenon has important implications for agency personnel. Differences of cultural experience between staff workers and agency members can produce tensions which bear significantly upon the ability of staff to gain acceptance and maintain rapport. Some staff have dealt judiciously and successfully with this. For others it has been a source of unhappiness, especially where financial and emotional strains have resulted from frustrated efforts to embrace social patterns of the agency's clientele. This matter warrants searching appraisal.

It is pertinent to consider also the potential effects of middle-class factors on the recruitment of professional workers. Many potential social workers must come from the middle class, and its values and status judgments will influence markedly their career choices. Has the profession of social work yet gained sufficient social acceptability to elicit their positive response? Have its economic advantages progressed enough to meet their living standards? This aspect of the recruiting problem will benefit from study.

The exercise and expression of their middle-class status by members who insist on participation in agency affairs, especially on the policy level, requires careful contemplation. Agencies are familiar with persons who in the past have supinely accepted services for which others determined policy, but who in a new economic and residential situation expect to be heard and to participate. They seek confirmation of their new social status through such involvement. This development offers promising possibilities for broadening the base of community responsibility for the concerns of group service agencies.

Inflation has triggered a leap in operating costs, which in combination with rising expenditures for enlarged services have a sharp impact upon agency budgets. Pressures for greater income to finance these operations have been redoubled. The inability of communal fund-raising to keep pace with this need (and with the rise in the gross national product) has created acute administrative problems in group service agencies. This situation has been met by painful

and often unwise operating economies, and by more active agency support for community fund-raising campaigns.

Inevitably, this problem has provoked wide interest in securing greater income from charges for group service agency programs. This has led to clarification of the principle that participants should share the cost of these services through fee charges pegged at the highest level which the great majority of members can pay. The criteria employed in fee-setting have been sharpened and the importance of adequate membership participation in determining fee policies has been recognized. A balance has been struck between the traditional hesitation of boards and staffs about raising fees and the overexuberance of some for excessive increases.

Favorable economic circumstances and the middle-class predilection against accepting community largess have raised agency income from fee payments to an unprecedented level. This naturally has varied in degree among agencies, applying less to those serving low-income populations. Fee scale advances generally have been coupled with special measures to insure the availability of services to those not able to pay the new rates. Scholarship plans—sometimes including sliding scales—have been carefully developed and applied. It is worthy of note that the influence of the new middle-class orientation on membership practices is evidenced also in the spread of family membership plans.

These developments have produced some perplexing problems: the danger that persons unable to pay higher fees may be restrained by social class pride from seeking scholarships and thus forego the services; the fear that the middle-class aura and price tag on many programs have deterred the participation of low-income people. These must be continuous and active administrative concerns for group service agencies.

The emphasis here on the middle-class trend is not intended to suggest that group service agencies are concerned primarily with this group. Nothing could be further from the truth: a substantial portion of agency services are rendered to low-income people. Moreover, many agencies have reacted to the changing social scene by intensifying such services, especially to groups in the population for whom service deficiencies have been most serious. The middle-class aspect is stressed here because of its singular importance among the factors of social change today. This has resulted in strong reaffirmation of the fact that in a democratic society community services should be available to a cross section of economic and social groups and not

restricted to the less privileged. The application of this principle has raised thorny problems, notable among them being that of providing adequate service to the depressed areas in communities at the same time that a wider constituency is served. This dilemma must receive the sustained attention of the social welfare field. The expanding middle-class trend actually has pointed up the severity of the social need concentrated in the low-income group. Service to this section of the population continues to be a major concern of group service agencies. In rendering it they must work in the closest collaboration with other types of social agencies to meet the multifaceted needs of these people.

The most sweeping consequences frequently have been brought about by social changes necessitating the replanning of agency services. The spectacular mobility of people within cities and to the suburbs, the deterioration of older central city areas, the birth of new residential sections, the impact of urban renewal and public housing, and the changing population of established areas—economically, racially, and religiously—have posed dramatic replanning problems for agencies. It is a striking fact that “more than thirty million Americans change their place of residence every year—most of them moving to or within metropolitan areas.”³

These conditions have required substantial reshaping of agency operations in older areas. Programs have been adapted to the needs of new residents, stress has been laid upon the adjustment of newcomers, and emphasis has been shifted to cultivating sound intergroup relationships where a new heterogeneity has emerged. Modifications have become essential in staff requirements and qualifications, in the composition of boards and volunteer personnel, and in interagency relationships.

In countless instances, agencies have adapted to new constituencies and new social problems with facility and creativity. In others, change has not come easily. Resistance to change is indigenous; some agencies have refused to face their obsolescence. Others have been sorely tried by the dilemma of keeping faith with their distinctive function while accommodating to changes in their constituency. Some have resisted modification of their operating policies (such as membership intake); others have flown from a community in change, leaving a vacuum; and still others have resisted participation in the community planning so essential to meeting new conditions.

³ Rockefeller Brothers Fund, Inc., *op. cit.*, p. 45.

A decade of struggle with this problem has not been fruitless: creative approaches have been found. Agencies able to discharge their basic commitments under changed conditions in a constant location have modified their operations in light of new circumstances. Settlement houses serving mainly a Jewish clientele have adapted to largely Negro and Puerto Rican memberships. Boys' clubs with chiefly Italian enrollees have made the transition to interracial service. Such agencies have molded their program, staff, board, and membership policies accordingly. Agencies whose purposes were no longer valid, such as serving "the poor" and "underprivileged" in areas completely changed by urban redevelopment, have either dissolved or found a new, valid role in another location.

Agency auspices have been one of the complexities in this situation. Many group service agencies are of sectarian inspiration, others are concerned with youth, others with neighborhood development, and still others with serving the "underprivileged." This variety in agency *raison d'être* is inherent in a voluntary, free way of life, and the dominant cultural norms of American society today give added sanction to it. This agency pattern has prevailed, notwithstanding the contrary pressures exerted at times for a kind of conformity of agencies within common functional areas, minimizing their sectarian or ideological uniqueness.

But population shifts often cause complex problems for agencies whose auspices necessitate service to specific groups. Particularly is this true where building operations are involved. Yet constructive solutions have been evolved: such agencies have co-operated with councils of social agencies in planning for a new agency to operate their facilities. Either an appropriate existing agency has been found to undertake it or a new agency has been created. In the latter instance, the new agency's function and program have been defined, a representative board has been organized, and a plan of support devised. Meanwhile the original agency has made positive interim accommodations to the changed community and laid the groundwork for transferring its program to a new setting in which its distinctive task can be fulfilled. Many Jewish community centers in changing communities have demonstrated the possibilities of such creative replanning.

Providing group services in suburban areas has been a prime challenge in this period of change. The requirements of the residents of older suburbs, as well as of new ones, have been impressive. This has evoked social planning with a high degree of participation by

suburbanites; the framing of programs suited to the suburban middle-class milieu; the devising of new and creative ways of organizing services; the creation of new facilities for which suburban constituents have supplied substantial capital funds; wide membership participation in defraying operating costs; and significant new types of relationship with schools, religious institutions, and other organizations.

Group service agencies must be continuously aware, however, of their responsibility to *both* the central city and the new suburbs. The essentialness of this course is emphasized by the Rockefeller report, which states: "The metropolitan problem is indivisible. The suburbs and the central city are interdependent; their problems, including those of urban sprawl and incipient blight, differ only in degree. Hence time only underscores the necessity of a comprehensive approach."⁴

The experience of group service agencies in adapting to social change has taught lessons aplenty. The need for clarity about agency purposes and the central place of social group work in agency practice is imperative—especially in a time of flux. Its absence causes functional confusion, conflict between agencies, and weakening of professional standards. While sharpening of agency roles is essential, narrowness and overspecialization must be resisted. Such tendencies can interfere with adequate services to people and block the emergence of new agency functions suited to changing times.

Long- and short-term agency planning are essential, and social data about the nature of changes must be a foundation for this process. Moreover, it must be closely related to the community's social planning machinery. Reappraisal of community needs and the projection of services must be "built into" agency operations. This must not be occasional or opportunistic; it must be regular and constant, and administered in a flexible atmosphere which is hospitable to change. New needs require creativity in the organizational patterns through which services are provided, uninhibited by fixed and immovable adherence to old approaches. Anything less than this threatens the dynamic character of these services.

The constructive planning contribution of national agencies can be an important asset in this process. The national bodies with which most local group service agencies are affiliated can provide a national overview of social changes and their implications, a record of related experiences of other communities, the collective thinking of national agencies, guidance in the planning process, and counsel in adjustment to change. To do this effectively, however, the national agencies

⁴ *Ibid.*, p. 47.

must avoid a narrow institution-centered approach, take a positive view of the need for social accommodation, and relate their counsel closely to local conditions.

Content of Agency Administration

Social change and social structure profoundly affect the internal as well as the external aspects of group service agency administration. The problems resulting from this impact are impressive indeed.

Proliferation of agency services, formation of branch and extension programs, merger of agencies, and enlargement of the scope of agency operations have inevitably accompanied group service agency adjustments to social change. The classic American impulse toward growth, numbers, and bigness has made its imprint on these agencies. Burgeoning size and increasing decentralization invite question as to whether such agencies are not, in fact, threatened by the "curse of bigness."

There are several facets to this problem, involving administrative concerns that affect agencies of every size. First, there are the hazards of overorganization and pyramiding of structure. These evils can divert staff time into the operation of ponderous agency machinery and frustrate agency decision-making, action, and movement. Second, there are the even greater dangers of impersonalization of the agency—a seeming incongruity for a group service agency, but a harsh potentiality. This implies a reduction in the direct and primary relatedness of members to the agency structure, staff, and board. The relationship of the membership-staff-board trinity becomes fragmented and remote, communication is poor, and social distance intervenes.

Under such conditions, the experience of an individual in the agency actually may intensify the type of "alienation" against which Eric Fromm protests.⁵ As Fromm states the dilemma, "In the process of an ever-increasing division of labor, ever-increasing mechanization of work, and an ever-increasing size of social agglomerations, man himself became a part of the machine, rather than its master."⁶ In these circumstances the member may become frustrated and resigned to nonparticipation by the loss of a sense of effective involvement in the agency. As the agency structure and controls move farther from the members, the democratic character of agency organization is reduced. This problem assumes special pertinence in large central-

⁵ Eric Fromm, *The Sane Society* (New York: Rinehart & Co., 1955), pp. 120-122.

⁶ *Ibid.*, pp. 355-356.

ized metropolitan agencies with branch structures. The degree of responsibility and participation vested in branch constituencies and boards can affect materially their sense of identification with and involvement in the agency's affairs.

A third problem arises from the major scope of the managerial task of agency operation. The danger here is executive preoccupation with large administrative tasks, to the disadvantage of important aspects of the agency's work which need his superior professional skill. Moreover, there is the hazard that "standardized routines to assure 'performance' become substitutes for creative endeavor until conformity is hailed as a paradigm of morality."⁷ In the agency generally, there is the uncomfortable possibility that preoccupation with expansion and bigness may divert the focus from the content and quality of agency work. Such conditions also can serve as serious deterrents to internal co-ordination and integration of agency purposes and program.

There are other corollaries to these trends. The heavy emphasis on planning, financing, and constructing new facilities without adequate and consciously established safeguards can cause overstress on facilities vis-à-vis program and staff, and thus reduction in agency mobility. The financing of these buildings can drain leadership energies and divert to capital purposes funds needed for operations. Finally, there are the critical problems caused by insufficient community allocations to finance expanded programs, higher professional standards, and inflationary costs.

The growth of new services must be hailed as a notable achievement in behalf of human welfare. Consolidation and unification of agencies can be a great boon, a force for higher quality programs and most effective use of community resources. The administrative challenge to group service agencies is to secure these benefits while erecting protective bastions against potential administrative evils. These are neither inevitable nor unavoidable, and astute, alert, creative administration can avert them.

Foremost among such preventive measures is the responsibility of leadership to pivot the agency's perspective on the member and the services provided him, individually and collectively. Organization and structure are but instruments for this purpose. They must never become ends. Leadership must set its sights consciously and resolutely on the fulfillment of these values. They must permeate the norms used to determine the relative importance of needs and to measure

⁷ Ben S. Seligman, "Ideology and Big Business," *Dissent*, Vol. 4, No. 4 (Autumn 1957), p. 373.

the effectiveness of services. Program quality must provide the context within which the amount of service is appraised. There must be courage used in setting priorities for the use of resources, in order to protect the richness of the experience afforded members.

Sound, democratically oriented administrative practices are indispensable safeguards for group service agencies. Ordway Tead has said that "in organizations with aims which get their effect in the minds and hearts of individual members and in their consequent more enlightened and socially effective conduct in the community, *the way the association or institution is set up, controlled and administered influences directly the possibility of successfully realizing the aims.*"⁸ The quest is for discriminating use of the group process in administration, balancing wholesome participation and facility of movement.

Many casually accepted agency practices need scrutiny in this light. When should a matter be dealt with in a committee meeting, and when through independent determination by leadership? Is some group decision-making an evasion of individual responsibility? Is there a danger that administrators misapply professional concepts and become enamored of "process" for its own sake?

Unintended abuses result from such overzealous application of group approaches in administration. Excessive staff and volunteer time is consumed, the pace of decision-making is retarded, and participants are frustrated by redundant machinery. William Whyte argues further that the constant emphasis on group decision forces the organization back upon the lowest common denominator; he avers that "to concentrate on agreement is to intensify that which inhibits creativity."⁹ While this is a criticism in extremity, it underlines the need for equilibrium between group and individual responsibility in administration.

Realization of this standard requires a balance between directive, authoritarian agency leadership and creative, evocative leadership. Democratically motivated leaders aspire to achieve group self-determination, maximum participation, evolution of ideas through group thinking, and nondirective leadership that motivates and guides without controlling. Yet in reaching for this standard, leaders often become neutral and passive, fail to represent goals and standards, and default from an affirmative leadership role.

⁸ Ordway Tead, *Democratic Administration* (New York: Association Press, 1945), p. 8.

⁹ William H. Whyte, Jr., *The Organization Man* (Garden City, N. Y.: Doubleday & Co., 1956), p. 58.

At the other extreme are leaders who become dictatorial and authoritarian, thus deadening genuine participation. Or, succumbing to the lure of orderliness and stability, they are open to Whyte's charge that "the creative individual he [the administrator] does not understand, nor does he understand the conditions of creativity. The messiness of intuition . . . the impractical questions . . . are anathema to the . . . administrator. Order, objective goals, agreement—these are his desiderata."¹⁰ Whyte contends further that pressures for group consensus and agreement lead to conformity, stifling inventiveness and originality.

Effective administration in these times demands a solid mid-ground. Leadership—lay and professional—must be activist, must represent standards, and must be concerned with raising sights. At the same time, it must evoke and facilitate reasonable involvement, be sensitive to problems of communication, and protect creativity and innovation from conformity pressures. Moreover, it must infuse the management process of the agency with the kind of critical insight and alert planning that will prevent standardized procedures from becoming automatic routines.

Policy-making within agencies will be strengthened as the composition and function of boards and committees are examined critically. Board effectiveness will be enriched by assuring representation for all groups related to the agency, encouraging new leadership through rotation of terms, improving communication between boards and constituents, and providing training for board members. It is most encouraging to note the frequency with which institutes for board members are being held on an agency and interagency basis, and resources provided to aid board members to function at their highest level. Administrators must assign a high priority to the use of the agency's professional skills to assist boards and committees to play a vital role in the agency.

Pressures for greater participation in agency affairs must also be met through assuring the integrity of board processes. There are situations in which the operation of traditional power structures tends to vest authority in a few influential persons. Such a condition can frustrate the healthy impulses of many who seek to share in agency government. In these changing times it is essential that the base of participation be broad and that confidence in the agency's working procedures be generally instilled. Every effort should be made to do

¹⁰ *Ibid.*, p. 57.

this in a way that facilitates the influx of new leadership, yet preserves the contribution of experienced board members.

Professional Functioning in Agencies

Social changes and the emergent social structure markedly affect the administrative elements of professional functioning in group service agencies.

The enlarged community dimensions of the professional's task—especially of agency executives—is brought into bold relief by the “new look” of group service agencies. Social planning functions necessarily must be emphasized and agency interpretation elevated to new importance. New organizational relationships must be fostered, to assure the correlation and integration of programs so essential in times of flux. Unresolved public issues sharpened by social change underscore the importance of the assumption of social action responsibilities by administrators and agencies. All these factors add significant emphases to the role of the professional and the qualifications he must bring to his task.

There is an added intensity in the managerial responsibilities of group service agency staffs. The scope of agency services today involves more complex organization, greater staffs, and larger budgets. The community is justified in expecting that its resources be administered competently. There is no warrant for wastefulness and inefficiency in the management of social welfare services. Administrators must devise efficient operating systems, use special management personnel wisely, and supervise the administrative process skillfully. Yet they must contain their administrative tasks so that their other functions are protected and so that a perspective is maintained which assures that the emphasis is not “on techniques rather than principles, . . . on tools rather than results, and, above all, on efficiency of the part rather than on performance of the whole.”¹¹

The leadership mantle of the agency administrator must be a dynamic one. For administrators we have prescribed the roles of active standard-bearer, guide to a creative group process in administration, leader in innovation and experimentation, and community statesman. This implies many qualities of strength, not the least of which is courage: to take stands, to be heard, and as Riesman points out in decrying “lesser evil thinking,” “the ability to face the possibility of defeat without feeling morally crushed.” Without this

¹¹ Peter F. Drucker, “Thinking Ahead: Potentials of Management Science,” *Harvard Business Review*, Vol. 37, No. 1 (January-February 1959), p. 26.

sort of courage, he states, "any failure implies a personal deficit and brings feelings of intolerable isolation."¹²

The advance in professionalization of group service agencies is a hallmark of their progress. It has enhanced enormously the quality of their services to people. Having recorded such impressive progress, it is timely that the place of the professional be re-evaluated in relation to that of the volunteer and that the distinctive contribution of the volunteer be better understood. It is well to consider whether there are not indications of tendencies toward a professional bureaucracy in group service agencies, which unconsciously insulates itself against lay involvement in agency affairs. Are group service agencies in danger of absorbing the expertise value system of this era to the extent of injuring effective volunteer service? Is there a danger that agency volunteers may be reduced to what Riesman terms "the new-style indifferent who feels and is often told that his and everyone else's affairs are in the hands of experts and that laymen, though they should 'participate,' should not really be too inquisitive or aroused"?¹³

This trend is in no wise unavoidable. As one writer puts it, "complexity and specialization are inevitable . . . [but] that these should lead to 'bureaucratization' of life is not necessarily inevitable."¹⁴ Group service agencies must concern themselves with assuring a vital place for the volunteer layman, as partner to the professional.

The Challenge for Agency Administration

The task of the agency administrator has been altered markedly by social changes. The times demand that he be far more than an efficient supervisor of agency operations: he must be a courageous critic, an innovator, and a community leader. Above all, he must be a person with the vision to look far ahead and the insight to do so in terms of present problems. This surely poses difficult tasks for social work recruiters and educators, and has far-reaching implications for the content of professional social work education. But for those engaged in agency administration the leadership opportunities are infinite.

¹² David Riesman, *Individualism Reconsidered* (Garden City, N. Y.: Doubleday & Co., 1955), p. 67.

¹³ David Riesman, *The Lonely Crowd* (Garden City, N. Y.: Doubleday & Co., 1953), p. 248.

¹⁴ Daniel Bell, "The Power Elite—Reconsidered," *American Journal of Sociology*, Vol. 64, No. 3 (November 1958), p. 250.

Role of the volunteer in the treatment program of a mental hospital

ELI S. LEVY

Volunteers have been a part of the social work scene ever since the inception of the profession. With the great voluntary effort necessitated by World War II there has been an upsurge in the numbers of volunteers serving in social work agencies.¹ Social workers have come to recognize the unique value of the volunteer in the enrichment and expansion of services that volunteers can offer to professional agencies. As agencies began to utilize volunteers, each developed its volunteer service in such a way as to reflect its unique structure, function, and basic concepts. At first, volunteers were mainly used to perform service and administrative functions. In recent years, however, we have witnessed the development of the volunteer effort into an able and qualitative service. This purposeful use of volunteers in direct service to clients is a most singular development. It has added an important resource to be tapped in performing our social work job.

The value of the volunteer-client relationship is now recognized by those who are concerned with the direction of volunteer service.

The larger a hospital grew, the more it was in danger of losing personal contact with the patient, and with it the "human dignity" so precious and so well-recognized to be important in

¹ "Volunteers in Social Welfare," *Social Work Year Book 1957* (New York: National Association of Social Workers, 1957), p. 593.

hospital care. The volunteer who, by giving her time and effort, showed that she cared, became the hospital's strong right arm in the all-important area of relations with the patient.²

From recognition of the value of this relationship to utilizing it in a conscious, planned way would be the next logical step. However, in the literature I have reviewed there are few references to use of the volunteer as a member of the treatment team.³

It should be clear that, within the hospital setting, actual psychiatric treatment can be offered only by the staff members. Many professional departments of the hospital can be tremendously expanded, however, by the addition of volunteer services. Most volunteer activities involve teamwork with hospital personnel.⁴

This is a valid and important area of professional concern. The writer is certain that much is being done in it, and this paper is presented in the hope of stimulating further discussion and writing. It is an examination of a volunteer program in which service to patients goes hand in hand with the integration of volunteers into the structure of a small psychiatric hospital as part of this hospital's team approach to treatment.

Hillside Hospital is a 200-bed voluntary, private, nonprofit, psychiatric hospital for the treatment of acute mental illness requiring relatively short-term hospitalization. The patients come from all social strata, admission depending primarily upon the treatability of the illness as defined by the hospital. The criterion for patient fees is based upon the ability to pay. The cost of hospitalization to the patient ranges from nothing to \$280 per week, with approximately 75 percent of the population being subsidized to some extent.

The major mode of treatment at Hillside Hospital is psychoanalytically oriented psychotherapy, operating within the environment of the hospital. The treatment of each patient is individualized, the milieu of the hospital being adapted to his needs. All professional disciplines work together on interdisciplinary teams whose purpose is to co-ordinate the varied treatment efforts. The team members include supervising psychiatrists, resident psychiatrists, social case-workers, social group workers, psychologists, occupational therapists,

² *The Organization of a Department of Volunteer Service in Hospitals* (New York: United Hospital Fund, 1958), p. 5.

³ J. F. Murray, "The Volunteer in Psychiatric Programs," *Casework Papers 1955* (New York: Family Service Association of America, 1955), pp. 149-154 and M. A. Collins, "The Volunteer's Role in Rendering Services to Individuals," *Casework Papers 1957* (New York: Family Service Association of America, 1957), pp. 59-72.

⁴ Murray, *op. cit.*, p. 150.

nurses, aids, and creative art therapists. One of the concepts ingrained in the treatment philosophy of the hospital is that each patient take as much responsibility for himself as he is able. This concept of self-help is also one of the major determinants of the social group work program.

The Group Work Division of the Social Service Department of the hospital was established in 1953 as a distinct professional service. Mr. Arnold Eisen, assistant director in the Department of Social Services, in charge of the Group Work Division, has described the function of the department in this manner.

The group work service . . . began to develop through program and professional personnel an emphasis on patient leadership and participation in a variety of different groupings. Paramount among these were ward self-government and the social peer groups as well as many special interest groups An important part of the group work service has always been to help the patient adjust to his circumstances while at the same time allowing room for the expansion of his feelings and an opportunity to bring about change in his environment.⁵

This definition points to a host of functions which are carried out daily through the operation of the Group Work Division. One of the major jobs the group worker performs is to aid the patient in adapting to the hospital environment so that he can gain maximum benefit from his hospitalization. Through the conscious use of the group process—especially through the self-government and social peer groups—this function is carried out. Resocialization is geared to a development of social skills which may have been lost or were never learned. The professional group worker also works with the patient to effect changes in the environment through participation in the self-government groups in each living unit. Other functions include helping the patient to develop new, or strengthen old, skills so that he begins to enhance his confidence in resuming his role in the community. In addition, the group worker provides situations in which the patient can test his reality perceptions, especially in such specifically task-oriented groups as a newspaper or library group.

Hillside Hospital began its integrated volunteer program for the same reason as many hospitals and social agencies. Recognizing that the community to which the hospital patient will some day return

⁵ Arnold Eisen, "Group Work with Newly Arrived Patients in a Mental Hospital," *Social Work with Groups 1958* (New York: National Association of Social Workers, 1958), p. 95.

is a vital part of the treatment plan and should not be overlooked, it realized the need to establish deep and lasting roots in the community. The hospital wanted to interpret to the community the nature of mental illness and especially the problem of the returning mental patient. What better way than for the community to become partners with the hospital through the volunteer service and thus better understand for themselves the true nature of mental illness? What better interpreter is there to the community than a person in and of the community itself? It was recognized, further, that the community in turn wished to extend itself into the hospital and be of help to the patients as a means of fulfilling its own social service interests.

Hillside Hospital has utilized volunteers from its founding and has included professional and lay persons often connected through the board of directors. The community volunteer was accepted in response to direct individual offer of service. As the hospital expanded its professional services, the volunteer tended to become lost in the maze of complex, interrelated treatment modalities. The chief of the Group Work Division, Mr. Eisen, suggested that the hospital embark upon a selective, qualitative volunteer program, located in one of the professional services (the Group Work Division, Department of Social Services), with the assignment of a professional social worker to recruit, co-ordinate, and supervise community volunteers who could function in harmony with the treatment orientation of the hospital. This "marriage" of a professional department with the totality of the volunteer program, from the recruitment of volunteers to the development of the program in its current scope, has proved a most happy one. It was out of this combination of volunteer program and professional department that the idea grew of the unique place and function of the volunteer within the hospital structure.

From the beginning it was recognized that bringing the volunteer into the hospital altered the environment within which the patient was treated. The volunteer brings very useful skills, many of which are not necessarily possessed by the regular staff and are of considerable help in socialization and other restorative processes. Such skills as knitting, sewing, dramatics, creative writing, cooking, etc., should be employed to this end by adding to the efforts of the hospital team in treating the patient. They should be used deliberately as part of the individualized treatment of the patient. Furthermore, the volunteer is seen as giving his time and effort because he likes to, and is sometimes perceived by the patient in a different way from any

of the other personnel in the hospital. This knowledge on the part of the patient—that the volunteer comes out of a desire to be of help—enhances that patient's feelings of self-worth and affects in a positive manner the image the patient has of himself. For these reasons the team, in developing a treatment approach for each patient, will consider the volunteer as another treatment factor.

In attempting to find where within the division the volunteer could best be used to achieve maximum benefit for him, for the patient, and for the hospital, these and other considerations played an influencing role. In addition, they also contributed to the development of specific aspects of the volunteer service. The Group Work Division in applying the concept of self-help to programming had developed such activities as newspaper and library as patient-led groups. These areas, which in other institutions traditionally fall within the realm of volunteer service, were perceived at Hillside Hospital as outside their scope. In defining differential functions for the professional social worker and the volunteer, one of the questions asked concerned the extent to which volunteers should handle the complex and emotionally charged group processes involved within these task-oriented groups. In participating in these groups patients react in a variety of ways to the pressures of work and time limits not present in other group situations. For example, the task of publishing a newspaper within a specified period of time has such built-in work pressures. Working with these patient reactions involves a set of complex processes which can be effectively handled only by a professionally trained social group worker.

Working with some groups necessitates daily contacts with other disciplines on a professional level. This is clearly seen in a ward self-government group. Here ongoing contact with patient members, team members, and ward personnel is essential if the worker is to be effective. The social group worker spends a good part of his time directly or indirectly involved with matters pertaining to this self-government. These contacts require a sophisticated knowledge of individual and group dynamics as well as a high degree of professional skill.

This also holds true for the social peer groups. Although volunteer-staff contact is highly desirable, it could not be expected that the volunteer would have the skills, knowledge, and time necessary to handle these functions. Other areas and levels of contact were developed and will be described presently. Moreover, our own experi-

ence, substantiated by that of other agencies, indicated that the gratification that comes from performing a needed and satisfying function could not be derived from performance in these areas of indirect service. This last consideration is crucial in defining the place of the volunteer. The job must be potentially satisfying. If in practice the volunteer does not derive satisfaction from performance of his role, experience indicates that the service will have negative results for both himself and the patients.

One type of group that emerges as almost ideally suited for volunteer leadership is the special interest group. First, this group does not require daily contact with patients. Second, since it usually meets away from the ward, contact with ward personnel is mostly related to administrative matters. The volunteer rarely finds himself in the position of interpreting patient behavior to ward personnel, a professional function. Third, group processes and structure are related to a central theme, the common interest which attracts the patients to that particular group. In addition, this concentration upon a central theme makes the group processes comparatively visible and simple. Thus the volunteer is left free to relate to patients without necessarily concerning himself with such problems as finding common ground for discussion between himself and patients, or handling complex group processes. Fourth, the fact that the volunteer with specific skills and knowledge with which he is familiar and comfortable can utilize them as part of his assignment provides for initial security in handling and adjusting to his new situation. Fifth, this type of group is well known for the immediate and satisfying results obtained. Participation in it proves from the first meeting to be a gratifying experience for both the volunteer and the patient. Finally, there was no need to introduce this type of group to the program as it was already in existence. Learning skills such as cooking, sewing, and self-grooming—participating in such activities as play-reading, creative writing, and dramatics—were perceived by the division as effective vehicles for enhancing patients' self-confidence. They were already highly regarded as excellent supplementary means for helping patients to relate to each other, to the hospital, and ultimately—through the volunteer—to the community. It was consistent with the aims of the program that the special interest group should be selected as the medium of an expanded and integrated volunteer service.

It must be understood that, although the volunteer is allowed a great deal of latitude in handling his assignment, the professional social worker retains the functions of deciding the placement of

patients in the groups, determination of group size, and over-all determination of program content. For example, this includes the type of play produced by a dramatics group, the context of group discussions, etc. As a member of the interdisciplinary team the group worker is responsible for what occurs in these groups and is expected to interpret group processes to team members. Retention of the more pertinent professional aspects of group content and group formation becomes essential. Moreover, professional skill is needed in performing such functions as transfers from one group to another and referrals to other hospital departments. The volunteer does not—and is not expected to—carry out these professional responsibilities.

The following excerpts from the records of a volunteer-led group illustrate some of the processes engaged in by volunteers. This is a library group for closed ward patients who, for the most part, have only been in the hospital for a few weeks. The group's activities include book selection, reading aloud to each other, and discussions ranging from choice of books to expressions of their anxieties and feelings about being in the hospital. The leader's role is supportive in concrete ways, as for example in helping to use the library or in programs of various kinds involving the patients and the volunteer in an interactive process.

January 10.—Mrs. E and Miss V were sitting together discussing books. When I sat down near them Mrs. E commented favorably on the music and said she would like to have a whole program of music. I explained our music program and the flexibility of our library session and said I would like to know what the patients wanted. I told of our past attempts at short story reading and Mrs. E took this up enthusiastically saying that she would very much like to spend some of the library time in reading plays, poems, and short stories. I said I'd be glad to give over a part of the session to reading if there were enough who wanted it. Did the rest agree? Miss V and Miss C, quiet and shy, and Miss F seemed enthusiastic in varying degrees. I said to Mrs. E that if she were thinking we might put on a play (this seemed to be her trend of thinking), then this would involve more than a library session permitted. Also, there is a play-acting group in the hospital which she might later consider joining. However, if they wished, we could read plays and consider a musical program. I asked for specific suggestions. From Miss C—humorous short stories; Miss V—Saroyan, *The Time of Your Life*, and the "Gift of the Magi" by O. Henry from Mrs. E. It was decided that we would start at the following session with O. Henry's "The Gift of the Magi" and make plans for the future sessions as they wished to participate.

January 17.—Miss V reminded me of our plans to read a short story and I said we would be beginning our story in the latter half of the session. Gathered around the table were Mrs. E, Miss C, Mr. M, Miss H, and Mrs. P. When we were about to begin the reading I announced our intention to the group explaining that this was a plan that had been discussed at the previous session. Anyone who wished to join the group was welcome to do so. I said I knew some would prefer to continue what they were now doing and we would try not to disturb them. All the patients took turns in reading part of the story. When it was Mrs. P's turn she shook her head and quietly passed the book on to Mrs. E. At the end of the story I asked what they thought of it and all said they had enjoyed it. Mr. M said that it was ironical and touching. I asked if they thought the title appropriate. In answer, Mrs. E referred to the last paragraph suggesting that their gifts, though different, were comparable to those of the Magi. As there seemed no inclination toward further discussion of the story, I asked the group if they would like to continue with this plan of reading. I included the rest of the patients to get their response. Miss K, who had been sitting at another table, said she thought that as a library session this period should be devoted to that purpose alone. I asked if the reading had disturbed her. Well, no, but she preferred to read quietly alone. I pointed out that the reading plan was for those who wished to participate, that some of the patients had stated a preference for this plan, which was only half the session and so would permit time for the selection of books. I mentioned that some of the patients had also requested a music program and wondered how the rest liked the idea. Mr. M said he would like to continue with short story reading but when asked for a specific suggestion could make none, and by way of explanation, said that he was not sure that the others would like what he did. It was left that we continue with short stories of my selection for the following session and then make future arrangements for a musical program.

The patients in this library group are often depressed and confused. Making decisions is very difficult and often impossible. Their relationship with other people is minimal. The volunteer uses the structured program of story-reading to help the patients become a part of the group and thus begin to relearn social skills. He encourages them to make decisions in small areas when they can. The processes are simple and the program content is highly structured so that the volunteer is left free to relate to the patient. He is supportive in order to make participation in the group easier. His warmth and concern, so evident in the record, is responded to by patients and through him they begin to participate in the group and

interact with other patients. It is also apparent that, from this relationship of volunteer and client, the volunteer derives some knowledge regarding the current state of a patient's social functioning highly useful to other team members

In time, as the program developed and expanded, the original idea in regard to the place of the volunteer within the hospital structure was substantiated in practice. The volunteer developed into an integral part of the hospital environment. He was perceived by other team members as a significant factor to be taken into account in determining the treatment of the patient. A two-way process developed between the team and volunteers, manifested in several ways. The first face-to-face contacts with full-time staff have opened channels for much informal communication during which there is a mutual sharing of knowledge. The team members began to learn about the volunteer, his work, his skills, his knowledge; in turn, the volunteer has learned about the patients he is working with. As the value of the volunteer, both as a source of service and as a resource for information, was demonstrated in this way, the staff began to make referrals to volunteer-led groups. These were based on their judgment of the volunteer and his function derived from personal contact.

Valuable and useful as these contacts were, they did not replace the formal communication methods. In reports on groups and individuals (an example of which is quoted above), written as an ongoing part of the volunteer assignment—the team members have an additional source of information for arriving at an evaluation of the patient. Volunteers also participate in team meetings and other interdisciplinary conferences if in the opinion of his supervisor his contribution will be a meaningful addition to the discussions. The frequency of this kind of formal participation is determined by a number of factors. One is the time the volunteer has available. More often than not, his free time does not coincide with the times at which these meetings occur. Second, a volunteer must be ready to participate in this type of formal meeting. Length of service, relative sophistication, and comfort in relating to staff are deemed the factors in making for this readiness.

In order to integrate the volunteer service with the rest of the treatment efforts, direction and focus are provided to the volunteer from the time he is recruited through his final evaluation. Many volunteer applicants are prescreened by community volunteer bureaus and service organizations. We prefer to rely to a large extent on these community resources rather than on community-wide recruit-

ment efforts. Our experience has indicated that the volunteer who is related to an outside community agency either by virtue of being a member or being referred by such an agency often has a better chance of a successful and satisfying experience. There seems to be a greater investment in the volunteer role because of this dual responsibility to a host community agency and the hospital.

Orientation to the hospital and the volunteer program occurs in the initial interview, which includes a tour of the hospital. Once accepted and placed in the program the integration into the team structure and the hospital milieu is accomplished through a weekly supervisory conference with the co-ordinator of volunteer service, a professional social worker on the staff of the Group Work Division, Department of Social Services. At least one half hour per week, often more, is devoted to this conference. It is didactic in nature, with the supervisor assuming a teaching role. The subject matter includes all aspects of a volunteer's job, from sharing information about patients and learning about team approaches to individuals to discussing ideas of programming. The supervisor is the link that effectively binds the volunteer and his efforts into the hospital structure. Since each volunteer presents unique ways of adjusting and functioning within the hospital, the individualization of the volunteer that occurs through supervision has proved the most effective method of training.

However, it is felt that identification with the hospital and other volunteer staff is necessary and desirable. Regularly, therefore, meetings of volunteers take place, the content of which is usually devoted to the total hospital goals, program, and purposes. Volunteers may also interpret to each other what they are doing in the hospital, creating a sense of unity and a community of interest among the volunteers.

The volunteer staff of the hospital is comparatively small, totaling twenty, fifteen of whom serve through the Group Work Division. Expansion of the service is directly related to a number of factors. One of these is the availability of professional staff for supervision. The responsibility we have, both to the hospital and to the volunteer, precludes accepting more volunteers than we have time adequately to supervise. Second, the size of the service is related to the time which patients have available to attend volunteer-led groups. During the day patients are engaged in programs of other departments and services of the hospital, such as occupational therapy, creative art therapy, etc., and their time to attend group meetings, volunteer-led activities, and other professional services is part of a balanced plan.

From the year and a half that the volunteer service, as presently formulated, has been operating a number of results and effects can be identified. First and most significant, the service has added an important facet to the multidiscipline approach to the treatment of patients. This has been accomplished by the addition of a variety of groups in which patients can find rewarding and enriching experiences, and has been considerably enhanced by integrating the volunteer into the team structure of the hospital. In addition a number of advantages have accrued. First, hospital-community relationships have been extended and strengthened. Second, the presence of volunteers has given the Group Work Division the opportunity more clearly to define the focus of its service.

The volunteer program and the concepts underlying it, as outlined here, are seen as the function of concepts basic to the hospital's treatment program and the operation of its various professional departments. In a hospital such as Hillside, where milieu therapy and the team approach are used, the volunteer becomes an integral part of this environment, and by virtue of this a member of the team. In the time that the volunteer program as currently evolved has been in existence, it has proved its indispensable value to the hospital. There are many problems yet standing in the way of making the volunteers more effective as group leaders, as part of the environment, and as part of a team approach. Problems of supervision, recording, and integration are many. Some beginnings of progress have been made and are being made in this direction, and with a continually growing belief in the value of this member of the hospital team, further progress will be made in using volunteers in an effective and purposeful way for the treatment of patients.

Professional-volunteer-client interrelationships

MARGARET RYAN

Social agencies have not escaped the push and squeeze which the upheaval of the last decade has inflicted upon individuals and organizations everywhere. As with plants and animals faced by earth changes that force adaption or extinction, the social agency as an institution must realistically accept this same necessity to change or become obsolete. As the necessity for change is accepted, those of us involved in agency leadership are released to experiment with entirely new methods for meeting the demands of this second half of the twentieth century.

We have, let us say, a great wish to tackle the problem of adapting to change. Here on the one hand is the community our agency is attempting to serve. And here are we, on the other hand—agency personnel with the responsibility of carrying out the services. At a glance, we must concede that much of this responsibility is delegated to the volunteer group leader. He is an essential cog in the agency wheel; because of him we are able to handle a greater volume of work—indeed, would we be able to give any appreciable service to members without him? The first step in the analysis of our problem is to accept this dependence upon the volunteer and to admit, as staff people, that he has dwelt among us sometimes unsung, and not always wholly appreciated. Close upon this realization of the volunteer's value to the agency must come the awareness that his numbers are dwindling while our need for him increases.

Decreasing Supply of Volunteer Workers

The decreasing supply of volunteer workers may be better understood when we examine certain aspects of the changing social conditions in which we live. William Whyte in his book *The Organization Man* points up this significant fact: the enormous increase in group activities originating in the occupations of both men and women, particularly in large businesses and corporations, consumes their leisure time and thus removes them as potential volunteer group leaders.¹ From the study *Womanpower* one may conclude that the increased number of women between the ages of 30 and 50 employed in industry and the professions removes many more volunteer prospects from our communities.²

Perhaps the most disquieting element is inherent in the climate of insecurity related to the world situation and all other facets of life, including the most intimate interpersonal relationships. It is revealed by the hesitation of many people to assume leadership roles in community organizations. In other words, the ability to communicate easily and to give of oneself—which any leadership role requires—is becoming increasingly difficult for more and more people.

Agencies Need Volunteers

Our problem becomes more complicated because, in addition to the need for volunteer group leaders, it is important that the residents of a community have a large share in producing its services. Community life is thereby strengthened and enriched. A resident volunteer active in carrying out the business of an agency is the symbol of community interest in the eyes of the agency member (it seems very doubtful whether paid personnel are ever in a position to make this valuable contribution). The volunteer group leader in this role serves to extend the agency-community partnership beyond the limited number of policy-makers and provides a much broader base for the responsible participation of community residents. However, he is to a large extent conspicuous by his absence.

A state of emergency exists. Its roots are deep in our social structure, and we as agency people face a crisis that threatens our agency services. How can the limited number of volunteers be utilized more

¹ William H. Whyte, Jr., *The Organization Man* (Garden City, N. Y.: Doubleday & Co., Inc., 1957).

² *Womanpower: A Statement by the National Manpower Council* (New York: Columbia University Press, 1957).

effectively? Some encouraging evidence is being turned up by agencies experimenting with the *differential approach*—that is, the selection of particular kinds of people to be made responsible for particular kinds of groups. It is the purpose of this paper to examine some aspects of this method, and consider its use as a possible solution to our problem.

Nature of the Problem

At the risk of being obvious, it ought to be stated that the value of a volunteer to the agency depends upon the agency's ability to provide a job in line with the contribution he is best able to make. Ruby Pernell says that the basic definition of a job to be done should give clues as to the competence required in the doer. The job may be stated simply as "to lead a club," but the answers to "What kind of club?" and "Toward what purposes and goals?" and "With what kind of support?" point to the need of a worker with certain special qualifications. *The problem lies in understanding the simplicity or complexity of the job to be done* and what use of the agency's personnel resources—both professional and volunteer—this factor dictates.³ The complexity of the undertaking and the degree to which it can be realistically achieved need to be determined for *each group*.

As professionals we know that there are many different levels of need in the groups that agencies serve. Gisela Konopka states that the specific needs and problems of individual members require different degrees of understanding and skill; the particular purposes and programs of the various groups demand various levels of insight and knowledge on the part of the person serving in an enabling role. The worker confronted with a YWCA teen-age group will start at a different point, move at a different speed, and help with program content different from that of the worker dealing with a street gang. The main professional skill lies in diagnosis and the capacity to use one's skill with flexibility.⁴

For purposes of discussion let us assume that the majority of the groups we serve may be responsibly assigned to a reasonably competent volunteer. It logically follows that *the quality of the agency service often hinges upon the successful recruitment, placement, and*

³ Ruby Pernell, *Relative Roles of Professional and Volunteer Workers in Traditional Youth-serving Agencies*. Paper presented at the National Conference of Social Work, St. Louis, 1956.

⁴ Gisela Konopka, "The Generic and the Specific in Group Work Practice in the Psychiatric Setting," *Social Work*, Vol. 1, No. 1 (January 1956).

training of volunteers. Programs of this kind have a rightful place beside similar ones for staff within the agency structure. I mean to imply by this that standing committees of the board of directors be set up and assigned responsibility for recruitment and training programs for volunteer leaders; that adequate time allotments for professional staff be set aside; and that provision be made for easy communication between staff and volunteer leaders.

Volunteer and Professional Work Together

Those of us who work with volunteers know that basic to a good relationship between the professional staff person and the volunteer is a mutual sense of individual worth, since this must be present before sincere concern for another can exist. This means that the professional person can look at the volunteer worker and see him as an individual with his own special abilities to contribute—abilities which may be similar to or different from those of the professional staff member. On the other hand, the professional staff person earns the confidence of the volunteer by being able to demonstrate his competence. However, this can only take place when there is sufficient communication between them.

The staff-volunteer relationship begins with the initial interview, when the process of selection starts. Criteria basic to the selection of volunteers in direct service have been successfully used. If he is young or inexperienced in the leadership role, the volunteer should have potential for learning and growth. In his work with the agency groups he can be helped to interpret his observations of the behavior of group members with reference to their deeper meanings—for example, that behavior is symptomatic of deeper human needs and that there is a distinguishable difference between “words” and “feelings” being expressed. He will need to be helped to recognize and appreciate the cultural factors that influence the behavior of group members, and to understand the significance of the group as the core of society. He should have a special skill or ability through which he can make his contribution to the agency. He must, of course, accept the purpose of the agency and be able to identify with it. Then it might logically be expected that a volunteer have a general competence in managing his own life in a mature and personally satisfying manner, being able to find gratification in contributing to society rather than solely through ego-centered goals.⁵

⁵ Pernell, *op. cit.*

These are a few of the many guides used in practice for the selection, training, and supervision of volunteer workers. In order to use them effectively the professional must first be able to recognize the volunteer's potentials for learning and growth. He must also be secure enough in his own knowledge to be able to impart to the volunteer theory, method, and techniques which, while part of professional "know-how," can be utilized by the volunteer in a situation in which he is working.

What happens when a volunteer is assigned to a group that is beyond his capacity as a leader? As agency workers, we know what happens. The nonconforming behavior of group members—as tested against his own social standards—is very discouraging to him. He has a sense of failure, and frequently finds reasons for having to give up the group. For him the necessary ingredient of success is missing. To turn to another familiar picture: he may unconsciously influence the group processes in such a way that the "problem members" (to use his own term) will drop out of the club and consequently the agency loses members. In either case the agency service is seriously interrupted. We are again face to face with the necessity of examining our practices in the selection and placement of volunteer leaders. *Are we as professional workers in our agencies meeting our full responsibility to this problem?*

From this all-too-brief consideration of agency personnel let us turn to an examination of agency services. What is the nature of the groups we serve? What kinds of human need are represented?

Defining Groups

Gertrude Wilson classified groups as "task-oriented" and "growth-oriented." For task-oriented groups the enabler's primary responsibility is to support the group to accomplish its task.⁶ Such groups include classes and other agency-sponsored interest groups with either agency- or group-determined tasks—as a golf class or social action committee, respectively. The group goals are fulfilled when the task is accomplished. For groups like these the volunteer assignment is often that of a "teacher" or "coach." Sometimes he carries administrative responsibility, such as the allotment of agency building space or authority to sign out equipment. A photography club would be a case in point.

⁶ Gertrude Wilson, "Social Group Work—Trends and Developments," *Social Work*, Vol. 1, No. 4 (October 1956), p. 74.

In the growth-oriented group the enabler's primary responsibility is to help members use the group experience to resolve problems that are interfering with their personal growth and social development.⁷ Groups of this kind are often referred to as social groups or small clubs. Now there are always exceptions. One is that a group with emotionally disturbed members may be organized on a task-oriented basis. It is equally true that members inexperienced with group life may be recruited to a task-oriented group as a step toward membership in a growth-oriented group. It is also important to note here that the acceptance of the word "social" in the term "social agency" implies a commitment on the part of the agency to work with individual problems of adjustment in *any agency-sponsored group*.

Generally speaking, we do not employ in our agencies fully qualified professional social group workers in sufficient numbers to carry the entire group load, nor is this necessarily desirable. The key to the problem lies in a more careful consideration of assignments appropriate for the limited number of professional social group workers and volunteer leaders who are available.

Role of the Professional Worker

We have noted that the professional's diagnostic skills are necessary to help identify the nature of the group to be served. When the more complex group situations are selected, and when individual needs do not fall within the "normal-growth" range of problems but tend to fall within the range of disturbed behavior, it seems to follow that in some cases the professional group worker will be needed to give direct service. He may also refer some members to appropriate agencies for individual help. We have noted elsewhere that the professional is best equipped for the selection, assignment, and often the supervision of the volunteer leader. However, as workers we know that this can happen only if the agency makes provision for in-service training programs, interviews, and supervisory conferences.

We conclude, then, that agencies interested in the use of the differential approach will use the professional social group worker's time and skills primarily to (1) determine the degree of complexity of a group before a worker is assigned, (2) assume direct leadership for group situations involving members diagnosed as manifesting

⁷ *Ibid.*

emotional disturbance, (3) refer members to the appropriate agency for individual help when needed, and (4) select and help volunteers to qualify as workers for groups within the scope of their capabilities.

The Professional in Practice

However, a study of agency practice reveals a different picture. How are the majority of our agencies actually using professional group workers on the staff? For an answer we turn to the report of the Committee on Practice of the Group Work Section of the National Association of Social Workers. To questions about the use of their time while on their jobs 665 workers responded. The findings indicate that the "average" worker in traditional settings carrying a 42-hour week actually uses about *three hours* doing "social group work"—that is, helping people use the group process to improve their social adjustment. The chances are about fifty-fifty that the worker has a master's degree in social work with a specialization in social group work. Fifty percent of their time was spent doing supervision and administration. The report further states that the social group worker who wants to use his knowledge and skill in direct service aimed toward affecting the social adjustment of individual members of social groups has a much better chance of finding the opportunity to do so in the special setting than in the traditional one.⁸

Our "traditional" agencies, one suspects, are finding it difficult to recognize the number of people in their membership who need the services of the professionally trained social group worker. Until this recognition is a reality evidenced by the employment of staff so qualified, the people in our membership who need us most will not be adequately served. Parenthetically, it should be pointed out that at the present time there is an insufficient number of professionally qualified social group workers available to fill the position in agencies that have recognized their special contribution. The extent to which this scarcity is related to the average salaries offered for these positions is another factor.

Let us repeat: personnel available to our agencies, both volunteer and professional, is a scarce commodity. Our analysis of the situation indicates that it is imperative to make greater use of the diagnostic skill of the professional; to classify groups according to their degree

⁸ Gertrude Wilson, *The Practice of Social Group Work* (New York: National Association of Social Workers, 1956). (Mimeographed.)

of complexity; and to select, train, supervise, and place the volunteer with greater sensitivity, skill, and vision. In other words, the differential approach is a promising solution to our problem, agencies that place a high priority on the volunteer in direct service are better able to move with the times.

We are again reminded that the need for leadership—professional and volunteer—is accentuated by the speed at which change is taking place in this age of technical and scientific achievement. The mobility of people and the continuous need for adjustment to new social situations creating social conflicts and pressures are too demanding on an increasing number of individuals and families. This factor, together with the exploding population among our young people, makes it imperative that all leadership ability be used well, at all levels, if we wish to justify our position as an essential social service.

Group work: perspectives and prospects

ROBERT D. VINTER

Every profession must periodically inquire into itself for purposes of assessing present achievements and exploring long-run trends. This paper will attempt to characterize the present status of group work as one of the disciplines of the social work profession and to propose certain directions for the future. The focus will be on the persons who comprise this segment of the profession, on the circumstances under which they practice, the perspectives they hold, and the policy issues they must resolve.

In this type of discussion we must guard against two conventions that hinder analysis. One is that which recognizes social agencies and social workers and assumes that they are two facets of the same identity, with the same interests. We can view the social welfare system as composed of *personnel*, of whom the most significant are social work professionals; of *organizations* or agencies; and of *services* provided by personnel through agencies. The profession has an existence that is both independent of and more inclusive than agencies and services. Professionals are presumably dedicated to selfless service and the enhancement of their special competencies. They receive a more or less clear mandate from the public to use their skills in a given area of service and are ultimately accountable to the public for this mandate.¹ Agencies are essentially instrumental means, rationally organized in the pursuit of specific goals. Although

¹ Ernest Greenwood, "Attributes of a Profession," *Social Work*, Vol. 2, No. 3 (July 1957), pp. 45-55; Henry J. Meyer, "Professionalization and Social Work," in Alfred J. Kahn, ed., *Issues in American Social Work* (New York: Columbia University Press, 1959), 319-341.

agencies and professionals function interdependently, they are different entities and have different interests. As this paper focuses on the group worker, it will deal with agencies only for the purpose of revealing the contexts within which professionals serve.

The other convention is that of avoiding unpleasant realities by "accentuating the positive." The usual forms of this mode of approach are an emphasis on successes and the use of glittering generalities in referring to future tasks. This optimistic bias is a benign one, but it hampers effective grappling with hard issues in the present.

The central thesis of this paper is that group work faces a near-crisis situation. Fragmentary studies and other recently available information now provide a much clearer indication of our present course and of the consequences that are likely to ensue. One need not be a "prophet of doom and gloom" to urge an immediate and realistic appraisal of where we are and where present trends will probably take us. I shall outline several crucial issues confronting group workers and will also suggest promising approaches to these issues.

Shortage of Professional Manpower

The first of these issues, and the most familiar, is the shortage of professional manpower. Recruitment of enough personnel to meet present and expanding welfare demands continues to be a dominant concern. A warm glow of satisfaction is generated by the knowledge that enrollment in the graduate schools this year increased by 9 percent over last year.² This represents an increase of almost 30 percent over 1954. With the present total we have again achieved, and somewhat improved, the level reached in 1950, then largely aided by the GI bill. Estimates of graduates that seemed highly optimistic in 1955 were almost identical with the number of graduates in the last academic year.³ Explanations for this achievement must refer to substantial improvement in the pattern of financial support for professional education, stronger nation-wide recruitment efforts, and larger enrollments than predicted in all institutions of higher learning.

Encouraging as these figures are, they simply indicate that we have returned to the total previously achieved in 1950. In the mean-

² *Statistics on Social Work Education 1958* (New York: Council on Social Work Education, 1958), p. 1.

³ *Social Work Education*, Vol. 3, No. 3 (June 1955), p. 47.

time there has been simultaneous expansion of all social services and of the total population. Each new rise in the standard of living and each increase in the population bring additional demands for professional services. As Dean Fedele Fauri pointed out in his 1955 analysis of the enrollment picture, it is doubtful that "the serious imbalance between the number of students being educated in the schools of social work and the need for social workers can be corrected even under optimistic estimates of future enrollments."⁴

Reasonably accurate indices of the specific demand for group workers do not exist. However, two sets of estimates show that the number of graduates is not keeping pace with the growth in unfilled positions. One estimate comes from the Social Work Recruiting Committee of Greater New York, which in 1955 listed between 175 and 250 open positions requiring trained group workers in that metropolitan area alone.⁵ Another estimate points to almost 4,000 staff vacancies in six national education-recreation agencies during 1956.⁶ This total number of vacancies, although not all requiring trained professionals, actually represented an increase of 4 percent over 1950, due to increments in the size of these organizations. The NASW *Personnel Information* gives periodic evidence of the chronic shortage of professional group workers.

Precise information about trends in the numbers of group workers graduating is lacking, but the available data encourage no enthusiasm. Group work seems to have suffered disproportionately after the post-1950 dropoff in enrollment; by 1958 group work represented from 8 to 9 percent of all social work students. While total enrollment advanced by 29 percent between 1954 and 1958, the advance for group work enrollment was only about 15 percent.⁷ Perhaps we should be pleased even with this increase, since when we refer to the 1957 enrollment in group work we find a *decrease* of 7 percent

⁴ Fedele F. Fauri, "The Shortage of Social Workers: A Challenge to Social Work Education," *Social Work Journal*, Vol. 36, No. 2 (April 1955), p. 49.

⁵ Cited by Florence Zimmerman in *Leaders and Leisure: An Analysis of National Education-Recreation Agency Direct Service Leadership* (New York: National Social Welfare Assembly, 1958), p. 47-48. (Mimeographed.)

⁶ *Ibid.*, pp. 52-53.

⁷ Based on analysis of data presented in *Statistics on Social Work Education 1954 and 1958* (New York: Council on Social Work Education, 1954 and 1958). Computation of change is made difficult by the fact that the 1954 statistics include only second-year students, while the 1958 statistics combine first- and second-year students.

from 1954. The larger 1958 total includes group work students from several schools that had no group workers in 1954. Furthermore, this increase conceals the disturbing fact that for the twenty-one schools that enrolled group workers in both 1954 and 1958, and for which there are comparable data, *only six* showed increases in the number of enrollees. The other fifteen schools apparently enrolled fewer group work students in 1958 than 1954, or about the same number. One school that for years had a strong group work program is now sufficiently disturbed to institute a special study of this problem. Apparently any increases in the national pattern of group work enrollment must be attributed largely to relatively new programs and to a very few of the well-established schools. One long-run effect of not maintaining continuous increases in enrollment is revealed in the 9 percent drop in membership of the NASW Group Work Section between 1956 and 1959 (January to January).

The facts to which we must address ourselves may be restated briefly as follows: (1) total enrollment in the graduate schools of social work shows encouraging increases, but now barely exceeds the high level attained in 1950; (2) group work enrollment has also increased in the past few years, but not in proportion to total enrollment; (3) the gap between demand for trained group workers and available personnel is probably increasing rather than decreasing.

For those of us who value group work skills highly, there is a near-crisis in the fact that professionals possessing these skills are not only scarce, but *more* scarce now than a decade ago. Unless there is some crash program of which we have not learned, it seems time to give up the fond belief that group work will grow just because we are well-regarded. Any discussion of policy issues must be responsibly addressed to known realities and to reasonable prospects rather than wishes and dreams. The certainty that group workers will remain in very short supply for some time to come impels concern for effective utilization of the limited supply. The problems to be discussed here are in large part consequences of this personnel shortage, or assume critical significance in the light of it.

Before taking up these problems, it might be well to cite the single most important approach to these shortages, namely, adequate financial support for group work students. It is common knowledge among the schools of social work, and probably throughout the profession, that students tend to "go where the money is." In his recent study French found that the proportion of students in each

specialization corresponds roughly to the proportion of financial aid available for the specialization.⁸ Thus in 1957 about 8 percent of all students were in group work, and they received about 7 percent of all financial assistance. If there were two or three times the funds currently available to support able group work students, there would no doubt be proportionately as many more students in this specialization. We can, if we choose, overlook the potential group workers unable to finance their own programs and take false pride in the dedication of those who pursue group work without the attraction of financial support. But this is either a luxury of principle we can ill afford or a foolish rationalization for being unable to take the steps we know to be necessary. Agencies that employ group workers have simply not provided enough scholarship money to increase the flow of professional personnel. Some funds have been made available, but not in proportion to the support received by caseworkers. Nor does there seem any likelihood of these agencies providing significant new funds, for reasons we shall examine shortly. Fortunately, public funds for the professional education of group workers are gradually becoming more available. Yet it is unlikely that these funds will be substantially increased unless there is a change in the allocation of group workers, in directions I shall try to suggest.

Encroachment on Group Work's Central Area of Competence by Other Serving Groups

Let us look now at one direct consequence of insufficient manpower to meet the demand: the encroachment on group work's central area of competence by others who serve groups. Group work has rightfully asserted its special competency to serve persons in and through groups, but it has made no exclusive claim in this regard. Other social workers have generally come to recognize and accept these assertions, and agencies have sought qualified professionals to staff their group services. Professionally trained group workers are hard to come by, and too often an agency can fill positions only by playing the checker game—lost as often as won, since new pieces are seldom placed on the board. Like all professional disciplines, group work must meet the demands created for its services in order to retain its mandate.

⁸ David G. French and Alex Rosen, "Personnel Entering Social Work Employment from Schools of Social Work, 1957" in "Recruitment for Social Work Education and Social Work Practice," *Social Work Education*, Vol. 6, No. 2 (April 1958).

When goods or services are in scarce supply in any sector of the market, rival offerings appear to challenge exclusive control. Alternatives are sought and other personnel modify their services to meet the demand. This is precisely the situation that confronts us as group methods are more and more sought by so many agencies. Perhaps unexpectedly, we find our fellow professionals, the caseworkers, stepping forward to assume new service roles, whereas several years ago they appeared unlikely candidates for group leadership. Today, caseworkers in ever increasing numbers are serving clients directly in groups. It seems probable that in a few years, if present trends continue, we will more often find client groups being served by caseworkers than by group workers. The rapid acceleration of this trend can be indicated very simply. In 1950 the American Association of Psychiatric Social Workers conducted a study of social work practice in all psychiatric hospitals and clinics where professionals were known to be functioning. Among other matters, the study explored the extent to which these social workers were providing direct service to groups of patients or their relatives. Of the approximately 1,600 respondents, 12 percent were actively engaged in providing group services.⁹ In 1956 the NASW Psychiatric Social Work Section queried all its members about the nature and extent of their work with groups. This study revealed that 39 percent of the 1,462 respondents were actively engaged in serving groups of clients, patients, or their relatives.¹⁰ From 12 percent to 39 percent in six years. These two studies are not directly comparable, but their meaning is clear. It matters little that caseworkers may use different techniques in providing their group services. What really matters is that in many hundreds of agencies and institutions caseworkers are now *routinely* serving clients in groups. Furthermore, still other professional disciplines—such as psychology and psychiatric nursing, to name only two—are also providing such services. Indeed, in certain fields such as corrections, almost everyone on the staffs of many units may be working with groups.¹¹

⁹ Tessie D. Berkman, *Practice of Social Workers in Psychiatric Hospitals and Clinics* (New York: American Association of Psychiatric Social Workers, 1953), pp. 68–73.

¹⁰ Psychiatric Social Work Section, *Report on the Psychiatric Social Worker as a Leader of a Group* (New York: National Association of Social Workers, undated). (Mimeographed.)

¹¹ See, for example, Norman Fenton, *An Introduction to Group Counseling in State Correctional Service* (New York: American Correctional Association, 1958), especially pp. 29–32.

The import of these trends can be stated bluntly: the distinctive methods of the group worker, or the particular contribution he may make, are in danger of becoming inconsequential in the professional picture. We have convinced ourselves that there are important differences in these methods; we have even convinced many social agencies. But we have not yet been able to supply the manpower to implement these convictions.

The increasing use of group methods in a wide variety of treatment services poses a number of serious problems. Presumably there is consensus in the profession that group work represents the primary skills for serving persons in groups. Therefore, if the new opportunities for work with groups are appropriate to the *social* services, we should expect the graduate schools to be channeling more students into the group work specialization and improving on current ratios of group work to casework enrollment. Intensive preparation of students for casework practice seems rather shortsighted if they are then to be assigned to work with groups. Educational planning, administrative policy, and professional choice should be directed toward the use of personnel to render service in accordance with their special competencies. Utilization of more group workers will free other social workers to perform those duties for which they are best equipped. Schools of social work have a strategic responsibility to collaborate with field agencies in altering the flow of students to meet these legitimate long-run demands.

On the other hand, when caseworkers serve persons in groups they should be expected to do so in as professionally responsible a manner as possible. One beginning course in group work is scarcely adequate preparation. If the schools cannot find ways of altering the flow of students, then they must strengthen their offerings in group work for caseworkers. The data presented earlier clearly indicate that caseworker assignments require the acquisition of group work skills. The position taken here is similar to that of Gisela Konopka.¹² The caseworker already in the field who has not received special preparation in group methods should secure professional consultation from a group worker and undertake whatever additional reading and studying are necessary to become familiar with the necessary skills. Practice with groups by persons lacking special preparation or adequate guidance is unprofessional and irresponsible.

¹² *The Role of the Caseworker and the Group Worker in Leading a Group*. Paper read at the NASW Huron Valley chapter, May 1959. (Mimeographed.)

Let me restate these points briefly: Work with persons in groups is now seen as a potent new way of providing service. In social work there is recognition that the basic group skills are possessed by group workers, but there have been too few of these to meet the demand. In consequence, most other professionals are increasingly working with client groups. If this pattern becomes stabilized, the particular skills and contributions of the group worker may appear inconsequential. Unless more persons are routed into group work, we may lose our claim to this area of practice.

*Retreat from the Profession's Historic Mission:
Service to Those Most in Need*

A third major problem confronts group work: namely, its retreat from the profession's historic mission of service to those most in need. This aggravates the problems we have been considering and impedes their solution.

It is unnecessary here to defend the proposition that social work has historically been oriented to serve those most in need: the helpless, the despairing, the disadvantaged, and the forgotten. Today this commitment focuses professional concern on such problems as unemployment, mental illness, juvenile delinquency, urban blight, and the effects of segregation. Werner Boehm's "Statement on the Nature of Social Work" for the curriculum study of the Council on Social Work Education expressed it as follows:

More and more it appears that social work is essential at that point in the interaction between the individual and his social environment where, either through limitations within the individual or because of his situation and the nature of his environment, effective functioning is hampered or has broken down.¹³

In a society inclined to minimize the prevalence of misery, commitment to those most in need is especially crucial. We know that this society directs much of its energy and resources to other purposes than alleviating misery, and we do not assert that such pursuits are improper in themselves. Our questions must be: where do *we* stand, and how do we direct *our* professional energies and resources?

It is asserted here that group workers as a professional subgroup are now relatively less committed to social work's mission. By and large our energies are not directed into areas of greatest need, in the common meaning of the phrase. What we are doing may be of

¹³ New York: Council on Social Work Education, 1957, p. 9.

importance, but, considering society's mandate to this profession, it is of lesser importance. In the short run this constitutes an inappropriate allocation of resources; in the long run it threatens our professional existence.

In defense of this assertion let us examine the services that group workers are currently manning. Services may be classified into four major categories, according to underlying problems or the functions they fulfill for individuals and for society. We propose a somewhat novel but useful set of categories. These are: *adaptive*, in which services are directed at problems of sustenance; examples are public assistance, the social insurances, certain aspects of foster care programs, and so on. *Socialization*, in which services are directed at preparing persons for their social roles and inducting them into these roles; by informal education, citizenship training, certain immigration services, and the like. *Integration*, in which services are directed at problems of adjustment in personal and social relations; as in mental health, correctional, and family services and certain neighborhood programs. *Consumption*, in which services are directed at gratification of expressional, creative, and recreative heads; as, recreational and "cultural" programs, many adult education services, and so forth.

These categories are admittedly broad and generalized; it should be remembered that we are referring to services and not agencies, although one may classify agencies according to the types of service they provide. Services may be sufficiently extensive to serve two or more of these functions. For these functions must be served in every society, since the same basic problems exist everywhere; they vary in severity or importance and in the patterns employed by different societies at various times to resolve them—or, in more familiar terms, to meet these types of need. For none of these problems does social work as a profession or social welfare as a set of institutions provide the full range of services or carry the entire burden of responsibility. These problems have been arranged here in the rough order of priority to which American society assigns them, and can be discussed in terms of the contribution group workers are making to each.

By far the largest proportion of total services (assessed as expenditures from all public and private sources) is allocated to adaptive problems—for example, the social insurances, public assistance, and other welfare programs.¹⁴ Group workers have seldom served in this

¹⁴ Harold L. Wilensky and Charles N. Lebeaux, *Industrial Society and Social Welfare* (New York: Russell Sage Foundation, 1958), chap. VII.

area, mainly because the services transacted are primarily monetary and the relevance of our skills has not been made apparent. There are, however, several evidences of group work's contribution to adaptive problems, and the potential here merits careful study. More group workers have moved into agencies directing service at integrative problems. Some of these are awkwardly referred to as the "special" or "treatment" settings. Mental hospitals, correctional institutions, child care institutions, special camps, delinquency prevention and treatment, and race relations are among the programs that employ group workers to deal with problems in this category. Services provided by some settlements and certain special projects conducted by other leisure-time agencies also use group workers in dealing with such problems. However, only a small—though gradually increasing—proportion of group work professionals serve directly in this area. Thus a recent study revealed that 19 percent of the group workers graduating in 1953 and 1954 accepted employment in the treatment services.¹⁵ Of the 1,215 NASW Group Work Section members who responded to a census in April 1957, 18 percent of those employed in local agencies were in the special settings; this represented about 14 percent of all census respondents. If this proportion is projected against the total Section membership, only 298 members appear to be employed in these special settings. (Computations are based on data supplied by the NASW.) Despite the fact that adaptive and integrative problems together constitute the area of social work's historic commitment, group workers are not particularly evident here.

Where, then, are most group workers? The majority of them are to be found staffing services directed at the functions of socialization and consumption. It is difficult to differentiate services directed at these two sets of problems, since most data are reported in terms of such combined categories as "leisure-time," "group work and recreation," or "informal education and character-building." Whatever the preferred terms, these services are primarily concerned with the inculcation of moral values, the development of social and personal qualities, and the acquisition of various technical skills (from swimming to effective group participation). This order of learning has crucial import for any society, and until recent times these developmental responsibilities were assumed by the family and church. Increasingly, they are being assumed by the public schools.

¹⁵ Gladys Ryland, *Employment Responsibilities of Social Group Work Graduates* (New York: Council on Social Work Education, 1958), Table 6, p. 6. (Mimeographed.)

At an earlier time, the national voluntary agencies developed youth programs when it appeared that socialization tasks were not being adequately performed by church and family, while the public schools had not yet emerged as we know them today. Programs were directed in those earlier days much more centrally at population groups for whom adequate socialization was deemed problematic. These were, in particular, the upper-lower and lower-middle-class youth who, because of interclass mobility, were expected to move into more influential positions in society. Similarly, these services were directed at older youth who had recently come to the cities, either from rural areas or from foreign lands. The youth-serving programs were designed to insure that requisite values, qualities, and skills were developed in younger persons not adequately served by the traditional agents of socialization.¹⁶ Today we note a very different situation. The public schools and voluntary youth programs have become a major means by which the broad urban middle class—and portions of adjacent classes—prepare the young to live and work in the world. Although there is some inclination to believe the family has forsaken its traditional socializing responsibilities, these services are “parentally pervaded” in most respects.¹⁷ What was once an area of acute and special need has become a large-scale and stabilized way of doing things. And, predominantly, group workers are employed in these services.

There are a number of adverse effects from group workers' concentration in agencies providing socialization services. Foremost among these is the retreat from what we have termed the profession's historic mission. Stated most simply, group workers are just not as much needed in this area as elsewhere. The profession accepts a broad-ranging responsibility for many types of functions. It can be called to account—and must periodically call itself to account—to determine how appropriately its scarce resources and personnel are distributed with regard to *all* its commitments. Group workers will have little to justify their tremendously skewed distribution. Their distinctive skills are neither especially critical in this area, nor are they adequately used. The rationale supporting concentration of professionals in these services does not, as it should, permit strategic

¹⁶ See, for example, Owen E. Pence, *The Y.M.C.A. and Social Need* (New York: Association Press, 1946), especially pp. 53–88.

¹⁷ Institute for Social Research, *Report of the Youth Leadership Study* (Ann Arbor, Mich.: University of Michigan, undated), pp. 3–6. (Mimeographed.)

decisions as to where they are to be located among them. Group workers are presently found at all levels, in all types of positions, in all sections of the country. In one town the local affiliate of a national agency will employ several group workers; in the next town, none. The present situation would be more defensible if this were a transitory condition, and if there were a reasonable hope of substantially increasing the number of professionals in any one agency, or of designing distinctive assignments for professional group workers. The impossibility of staffing these services nationally with professionally trained group workers has long been apparent. It is urgently necessary, therefore, that the national agencies develop effective plans for the proper utilization of group workers in their services.

It may be necessary here to emphasize that I am not questioning the vital significance to this society of the socialization services or of the agencies that provide them. Nor am I implying anything about the distribution of, or support for, these services. The assertion here is simply that they do not require group workers to the same degree as do other services.

A second adverse effect of overconcentration in these services is that group work becomes too dependent upon them. It is not difficult to note signs that a major social work method is being modified in certain directions on the basis of the policies and practices of a very small number of agencies. On the other hand, when over many years these organizations cannot secure enough group workers and must rely upon other professions or personnel, they are no longer dependent upon our distinctive skills. Policies once developed primarily for reasons of expedience may become permanently established. In short, it is imperative that group work achieve a broader base, and a wider distribution, for its own long-run stability and growth.

If a wider diffusion of group workers among all the social services is required, are there particular directions in which the movement ought to be channeled? In keeping with the above analysis, the most desirable direction would be toward the integrative class of services. It is here that some of the most pressing problems are found, requiring the full range of professional skills. Reference is here made specifically to such services as corrections (particularly juvenile); all types of institutions and special camps; medical, psychiatric, and rehabilitational services; family and child welfare services; and so on. But a diffusion of group workers, or more even distribution, does not require a desertion of the traditional or socialization services.

A last adverse effect of group workers' overconcentration in the socialization area is that certain core professional skills are not being used, or are used only minimally in many of these services. Skills seldom exercised tend to deteriorate and eventually become devalued. This may be no problem if the unused skills are peripheral, or if only individual professionals are affected. But the skills involved are not peripheral and their underuse is affecting the entire profession.

Let us consider this problem in greater detail, noting first that a distinction must be made between the professional person we call the group worker and the set of skills and methods we call group work. Only those skills and practices directly necessary for serving clients in groups are the *core* competencies *distinctive* to group work. In all types of agency group workers must engage in many other activities, such as budgeting or working with the board, that do not involve core skills. In these latter activities the worker is not directly practicing group work; but he does not cease to be a group worker. An analogy may be drawn to the physician: when diagnosing or performing surgery he is directly engaged in the practice of medicine—persons without the physician's distinctive skills are forbidden by law from engaging in these particular activities. But when the physician is administering a general hospital we do not say he is directly practicing medicine; indeed, persons without medical degrees may also engage in these activities. They are known as hospital administrators, not doctors. In this discussion, by "core group work skills" is meant that crucial set of methods directly necessary to serve clients in groups. Those who do not use these skills regularly find that they tend to get out of practice, although they continue to regard themselves as group workers.

In general there exists an intimate connection between means and ends, between objectives and the methods used to attain these objectives. Group work is taught in the graduate schools and described in the literature as a method of social work practice, a focused problem-solving approach to human need, requiring a high degree of technical skill and professional discipline. These can become operative only when there are specific problems to be solved; when the professional must make *differential* use of his expert knowledge and skill; and when he can regularly exercise these skills in direct service situations. Three basic conditions must be met to permit use, retention, and refinement of core group work practice skills. *First*, the professional must have regular opportunities to work with groups

which merit these skills—that is, groups composed of clients with problems for which group work is an appropriate method of help. *Second*, in work with such groups the professional must be able to engage in activities requiring the exercise of professional competencies. Minimally, for the group worker, these can be listed as: differential diagnosis, setting service goals, forming relationships, planning and guiding group process toward goals, and evaluation of outcomes. *Third*, to function as a professional practitioner the group worker requires an administrative climate congenial to his technical competencies.¹⁸

These basic conditions for professional practice are inadequately met by the prevailing assignments of group workers in the socialization services. Conversely, those employed in integrative services fare much better with regard to these conditions. All available information about current patterns of professional practice support this contention, particularly the recent NASW study of group work practice. In the traditional settings (equivalent to socialization services) very few group workers spend much of their time in serving client groups, whereas those in the special settings (equivalent to integration services) spend much more of their time in direct service.¹⁹ Workers' time in the traditional settings is more often devoted to administration, training and supervision of volunteers, interagency planning, public relations, and the like. These are important and demanding activities, but they do not involve core group work skills. Moreover, in the traditional settings most clients do not manifest marked problems which, if unattended by the social worker, would result in disablement. Next, we note significant differences in the specific activities conducted by workers in the two types of setting. Compared to professionals in the special settings, those in the traditional agencies spend far less time in recording, in programming with reference to specific individual and group needs, in interviews with individual clients or members, and in conferences

¹⁸ For a somewhat similar list of requisites, see Helen Northen, "Interrelated Functions of the Group Worker," *Social Work*, Vol. 2, No. 2 (April 1957), pp. 63–70. Several personnel studies indicate the importance of these conditions for worker satisfaction and stability. See Robert D. Vinter, "Report of the Personnel Turnover Study," in *The Roundtable*, National Federation of Settlements, Vol. 21 (May-June 1957), pp. 1–5.

¹⁹ Gertrude Wilson, *The Practice of Social Group Work* (New York: National Association of Social Workers, 1956), Tables 8 and 14 on pp. 7, 10. (Mimeographed.)

with agency colleagues about individual clients or members.²⁰ Such activities are concrete manifestations of the core practice skills mentioned earlier. Thus the group worker in the traditional setting is much less likely than his counterpart in the special setting to serve client groups directly and to engage in activities that utilize distinctive professional skills.

One other point may be made. Salaries paid group workers at both the practitioner and supervisory levels are notably higher in the special than in the traditional settings.²¹ A direct quotation from the final report of the NASW Group Work Section's study of practice will summarize this point.

. . . it is apparent from the data that the social group worker who wants to use his knowledge and skill in direct service aimed toward effecting the social adjustment of individual members of agency groups, has a much better chance of finding the opportunity to do so in the "special setting" than in the traditional. The traditional agencies also show a lag in professionalization of practice as reflected in contract provisions, job loads, and job specifications. One detects . . . *the reluctance of the agency to commit itself to the M.S.W. while the agency practice is so uncertainly social work practice* [emphasis supplied].²²

We are primarily concerned here with the effective utilization of scarce group work practice skills. Questions have been raised about whether the socialization services merit a disproportionate concentration of these skills. The importance of such services in American life does not mean that group work must be overcommitted to them, especially if this results in lesser involvement in other important types of service. We assert that the socialization and consumption services should obtain proportionately fewer professional group workers and should design their roles so that core practice skills are effectively used. One such role pattern is that of practitioner with primary responsibility for direct service to clients or members. As Alan Klein has pointed out in this connection, local programs of all national organizations include some clients who have special needs or pose problems requiring greater skill than is available from volun-

²⁰ *Ibid.*, Tables 22, 27, 29, and 38 on pp. 49, 59, 60, 73.

²¹ *Ibid.*, recomputation of salary data presented in Table 22, p. 21.

²² Ruby Pernell, "Members and Their Positions," *The Practice of Social Group Work: Summary of the Report* (New York: National Association of Social Workers, 1957), pp. 18-19. (Mimeographed.)

teers or untrained staff.²³ Frequently such special needs and problems are precisely those for which group work service is most appropriate. Assignment to these clients would permit group workers to do what they are best able to do, and would permit the agencies to serve especially needful clientele presently being turned away or superficially handled. A second proposal, also suggested by Klein, is use of professional group workers as consultants to other staff, and to train other staff, so that their special competencies can be diffused throughout agency programs. At present the traditional or socialization services tend to restrict group workers by employing them generally as supervisors or administrators. When they must function as supervisors of nonprofessional and volunteer group leaders, group workers' knowledge and skills are minimally utilized and their impact on clients is attenuated. When they must function as administrators, group workers' *special* competencies are scarcely utilized at all. The usefulness of certain group skills in working with committees and boards does not make this group work practice. Administration does not necessitate practice competence, and most administrative tasks call for other knowledge and skills often gained through experience, although there are advantages in administrators being familiar with professional competencies. In either role, as administrator or as supervisor of nonprofessional personnel, the group worker is using less than maximally his core skills. The consequences are, as we have indicated, that society is deprived of these skills and the worker loses them through deterioration.

It may be necessary here to restate several of the points made earlier. There are not and will not be enough group workers to go around, even among the socialization services. Our question should not be, therefore, whether group workers can serve as ably as other personnel in supervisory and administrative positions. Of course they can. But presumably group workers possess distinctive and special skills in serving clients through groups. Our question must be, then, how these scarce abilities can be most effectively allocated. I suggest that in the socialization services they should be assigned to those functions for which group work competence is essential and not to roles which the agencies must and do fill with many other types of personnel.

²³ Alan Klein, "Community Planning and Group Work Goals," *Proceedings of the 1957 Social Work Progress Institute* (Ann Arbor, Mich.: University of Michigan School of Social Work, 1957), pp. 46-58. See also his "Recreation and the Welfare Dollar," *The Group*, Vol. 17, No. 2 (December 1954), pp. 3-8.

Until now it has not been possible for professionals to advance except by moving upward in the administrative hierarchy. This should remain a promotional channel for the individual who desires it. However, a pattern of advancement and increased salary must also be offered that does not require every group worker to give up direct practice. The able and experienced surgeon in the hospital is not required to give up surgery in order to advance professionally. The fact that, at present, group workers in the socialization services must move into administration and away from direct practice is one sign of the nonidentity between agency and profession mentioned at the outset. A more serious disjunction between group work and agencies looms just ahead, generated by the continuing shortage of professional personnel. Recent conversations with personnel officers of several national agencies reveal that the traditional settings know they must, by and large, get along with fewer of us—and they plan to do so. It should be clear that group workers' concentration and malassignment in the socialization services jeopardizes our future as a profession.

The problem of broader distribution of group workers among all types of service, and appropriate utilization of their competencies within the services, cannot be solved entirely by the agencies. Indeed, it will never be adequately solved through agencies' efforts alone, since the interests of the agency and of the profession are not identical. Agencies can never be perfect structures for the discharge of professional activities, and continuous striving is needed to render these structures more viable contexts for group work practice.²⁴ In this effort we must realize that, as a service organization with limited goals, the agency cannot be dedicated to the preservation and enhancement of professional interests. And we must also realize that, as a profession, group work cannot be dedicated to the preservation of the particular agency—or any set of agencies. The professional who gives unqualified allegiance to his agency becomes merely an employee. An appreciation of the interdependent but nonidentical natures of agency and profession impels equal attention to the requirements of each.²⁵

²⁴ For a discussion of this problem with regard to group service agencies, see Richard A. Cloward, "Agency Structure as a Variable in Service to Groups," in National Conference on Social Welfare, *Group Work and Community Organization, 1956* (New York: Columbia University Press, 1956).

²⁵ For a more extensive discussion of agency and profession, see Robert D. Vinter, "The Social Structure of Service," in Kahn, *op. cit.*, pp. 247-252.

In this perspective, the graduate schools of social work have a vital responsibility to discharge and until recently have seemed hesitant to do so. If the future of group work is closely linked to the competencies we possess and the roles we fill, the schools must be energetically engaged in enhancing those competencies and defining our roles. These responsibilities have been met less thoroughly than necessary. For example, the schools have known for years that on graduation their group work students tend to move immediately and mainly into supervisory and administrative roles. Instead of forcefully opposing such precipitous advancement, or pointing graduates toward positions permitting group work practice, some schools have even curtailed the core group work emphasis and tried to prepare students for these other organizational tasks. Fortunately we can observe a lessening of this tendency as schools reassert the essential integrity of social group work as a basic professional method, and as better salaries are available at the practitioner level. Another example of schools' tardiness in this area can be found in patterns of field instruction. Despite general knowledge for more than a decade that group work had an important role it could and should fulfill in the treatment services, most schools have done relatively little to foster this development. Specifically, one may point to the fact that as of last November over 80 percent of all group work students had their field placements in the leisure-time services.²⁶ Of the thirty-five schools for which data are available, twenty apparently placed *all* of their group work students in the leisure-time services. Some of these services probably afforded opportunities for students to work with more than socialization problems. But if group work is to take its proper place in the so-called "treatment services," many more students must be directly familiarized with these contexts during graduate study.

Development of Professional Knowledge and Competence

One other major problem deserves brief consideration. It has been asserted here that the future of group work depends partly on our continuing to enhance and appropriately utilize our basic competencies. The accelerating development of scientific knowledge and the increasing complexities of human society constantly heighten the

²⁶ *Statistics on Social Work Education, 1958, op. cit.*, Tables 9 and 10 on pp. 10, 11. In 1957 70 percent of the second-year group work students were placed in the leisure-time services.

performance requirements for all specialized occupations. This is a familiar problem for the physician. It is obvious that group work must continue to keep pace with these trends or be supplanted by more advanced technologies. A number of tasks have frequently been cited as incumbent upon us: the continuous absorption of basic knowledge of human behavior and group phenomena; the steady development of practice theory and skill; and learning to fill the changing service roles open to us. With all the acknowledgments of such responsibilities that we publicly tender, one notes a distressingly limited pattern of accomplishment, and one senses a curious uneasiness about movement in the necessary direction. Several concrete examples can be offered. The importance of practice being firmly grounded in scientific knowledge is widely recognized. Research and theory developments in the area of small groups have been very great since the end of World War II. Like the earlier rapid advances in psychological theory that substantially altered casework practice, social psychology presents an increasing resource potential for group work practice theory. Despite the frequent references to this potential, it has scarcely been touched. Group work articles in the professional journals seldom refer to or incorporate this fund of highly relevant knowledge. The most recently published group work text contained only eight references to the entire body of behavioral science, and several of these were dated by twenty years. There are, of course, very difficult problems in consuming, integrating, and applying scientific knowledge to social practice. These barriers will never be surmounted as long as we retain a subtle but pervasive distrust of theory; science-based knowledge is as essential to professional practice as are feeling and experience.²⁷

The graduate schools have special responsibilities in this regard, and at least with respect to general social science courses they are attempting to meet their obligations. Faculties can be assisted and supported in their endeavors if the profession develops more appropriate expectations of faculty functions. Social work educators must be encouraged in the university traditions of scholarship, including study, theory-building, and writing. To permit engagement in these crucial tasks, faculty should not be invited nor expected to be as active in the field, and as involved in organizational affairs, as has

²⁷ For an example of the relevance of such knowledge, see Mary Louise Somers, *Four Small Group Theories: A Comparative Analysis and Evaluation of Selected Social Science Theory for Use as Teaching Content in Social Group Work*. Unpublished dissertation, School of Applied Social Sciences, Western Reserve University, 1958.

heretofore been the custom. Needless to say, workers in the field should share in the tasks of extending and articulating practice theory.

Continuous enhancement of our basic professional competence requires a general climate of concern about professional skills. In this vein it seems necessary to respond to some of the expressions of fear about the "overprofessionalization" of group work. There is a degree of appropriate concern about achieving a desirable balance between emphasis on technical competence and on social goals, between means and ends. But the dire warnings about our becoming mere "technicians" and about the "conformity" of professionals are unwarranted exaggerations.²⁸ This point of view seems to assert that it is improper to focus on what is termed "social adjustment" and on developing the requisite clinical skills to accomplish it. Instead we are urged to lift our sights and address ourselves more energetically to large-scale social problems of desegregation, housing, and nuclear fission. A number of fallacies are contained in this perspective and can be briefly dealt with. No matter how urgent and appealing are these larger problems, they are not the exclusive property of social work, nor can they be directly resolved through social group work. As group workers we must serve individuals who are involved in or affected by these problems, and indirectly contribute to their resolution. The urgency or seriousness of the larger problems in no degree reduces our responsibility to deal with their problematic consequences for individuals, which has always been a commitment of this profession. The argument that we must choose between technical competence and social goals poses a false dichotomy. It implies that we have the alternatives of either reaching these important goals by some other but unspecified means or refining methods that direct us to no goals at all.

Group workers in search of a cause remind one of Porter Lee's colorful references twenty years ago to the "emblazoned banner," the "flaming spirit," and the "embattled host."²⁹ Professionals who orient themselves to adaptive and integrative problems do not have to seek for causes. Here they will find all the stimulus necessary for devoted

²⁸ Irving Miller, "A Critical Appraisal of Some Aspects of Social Group Work Theory and Practice" in *National Conference of Social Work, Group Work and Community Organization 1955* (New York: Columbia University Press, 1955); Mitchell I. Ginsberg and Irving Miller, "Problem of Conformity as Faced by the Professional Worker," *Group Work Papers 1957* (New York: National Association of Social Workers, 1958), pp. 7-20.

²⁹ Porter R. Lee, *Social Work as Cause and Function* (New York: Columbia University Press, 1937), p. 5.

sacrifice to clients with real problems, and for high commitment to changing the social conditions that generate these problems. In any event, those who advocate reduced emphasis on strengthening our basic competencies gravely misjudge the essential nature of a profession.

The real problem about which there is legitimate concern has already been defined: the socialization goals in the service of which most group workers are now laboring are not the most appropriate *for us* at this period. The task, then, is to orient ourselves toward service goals more significant for social workers and not to lag in the strengthening of our professional skills.

I have attempted in this paper to identify a set of major issues confronting social group work, and to propose desirable approaches. These issues can be summarized as follows:

1. The growing shortage of professionally educated social group workers to meet present and increasing demands.
2. The overconcentration of group workers in a relatively narrow range of services and agencies, and the under-use of core professional skills.
3. The maldistribution of group workers with respect to types of service, with insufficient allocation to adaptive and integrative services.
4. The encroachment on group workers' special area of competence by other professionals, in consequence of our shortages and maldistribution.
5. The questionable tendency to turn away from the crucial task of enhancing our professional competencies, in pursuing social causes.

A major theme of this paper is that scarce resources must be appropriately utilized. A redistribution of group workers among services has been proposed in accordance with the profession's historic commitment, and with regard to the specific roles we are most competent to serve. Such a redistribution and reassignment will require concerted action by agencies, by individual workers, by the profession, and by the schools. Each must act in different ways. All of us share a responsibility for strengthening the profession's basic skills and knowledge. This cannot be brushed aside as too limited a focus, for only by advances in this area can we adequately meet the service demands of the future. Of perhaps greatest importance is a significant increase in financial assistance available to group work students. Without this we cannot hope even to maintain our relative position in an expanding profession.

What is researchable in social group work?

HELEN NORTHEN

Social group work is an art in the sense that it provides opportunities for the exercise of creativity, adaptability, and sensitive feeling for people. But the professional service of group work develops only as the artistic use of one's self is integrated with scientific knowledge directed toward professional goals. Our scientific knowledge for social work derives from research in the behavioral and social sciences, related professions, and social work practice itself. In addition to possessing certain appropriate values, personality characteristics, and attitudes, a professional person is expected to have skill in rendering service to people. Acquisition of skill requires a prior or simultaneous mastery of theory underlying the skill. Theory, in turn, is knowledge organized into an internally consistent system of generalizations. The development of practice theory is one of the most important tasks facing social work today, and research can contribute to it.

Research is simply the use of logic and scientific procedures to discover answers to meaningful questions. It attempts to describe, explain, or predict events or behavior. Wherever there is a question about the assumptions, theory, principles, or effectiveness of social group work, there is a place for the logic, method, and technical operations of research.

Research is predicated upon the existence of a problem, one that can be solved through research and not as well by other means. For this is only one way of solving problems and answering questions; it

is the most scientific means of doing so. Problems can be solved and questions answered also by referral to existing knowledge, acceptance of common-sense observation or expert opinions, trial and error, arm-chair thinking, or reliance on a system of values, dogma, or religious faith.

Unless there is a significant question to be answered through logic and scientific procedures, a subject is not researchable. There are many questions that need to be answered in social group work if we are to lay bare the knowledge that will lead to improvement of practice. Interest, imagination, curiosity, and motivation toward improving practice are essential to the initiation and pursuit of research in this field. Some research questions may be regarded as more important to the development of practice than others; some need to be answered before it is feasible to attempt other equally important research tasks. The selection of a project must be related to the available knowledge. Thus interest in a subject, the importance of the subject to social group work, and its logical order in a series of questions or topics are important factors in determining what is researchable at a given time and place.

But there are other factors to be considered before a decision can be made to undertake a particular research project. A problem may be researchable if there is clarity about the objectives to be achieved. Can it be stated in terms of questions, propositions, or hypotheses clear and specific enough to provide a focus for the collection and processing of data? Is there clarity about the kind of evidence to be collected—including what is to be excluded? Further, consideration must be directed toward the availability of suitable sources of data and the completeness and accuracy of the data themselves. This is necessary if reliable and valid generalizations are to be developed. A question may be researchable if a research design can be created that is appropriate to the nature of the problem, the availability of appropriate tools and instruments of measurement, and the sources of data to be used. The research design must also be compatible with the ethics of the profession. Before deciding on a topic for research there should be full consideration of whether or not the people to be involved are really willing and able to co-operate in the venture; what impact the study may have on group members, agency personnel, or the community; and, finally, the availability of necessary resources of personnel, time, money, and equipment.

The purpose of setting forth the large number of factors to be considered in determining what is researchable is not to discourage research, but rather to encourage efforts that are likely to succeed because there has been careful and realistic planning. Fortunately

there is a distinct need for small research projects that can be carried through by small agencies or individuals in a relatively short period of time and with few material resources; just as there are desirable projects that require large numbers of highly skilled research workers, thousands of dollars, and specialized equipment. Professional judgment as to what can be undertaken successfully under existing conditions is the important factor. As Herzog has said, "To do well what lies within available resources will contribute far more to the agency and the field than to do badly what requires time, money, and staff beyond available resources."¹

We are fortunate in that there are several types of research design, each of which has a contribution to make. By design is meant a specification of the plan to be used in making the study. There are several ways of classifying research designs, of which one of the most useful is by the objectives of the research.² There may be *formulative* or *exploratory* research in which the purpose is to explore broadly the dimensions of a problem and formulate questions, ideas, or hypotheses. Such exploration is usually aided by a focused search of the literature, a survey of the opinions of experts, or an analysis of cases. In *descriptive* and *diagnostic* research, the objective is to secure the facts in order to assess the characteristics of a given situation. Data may be collected through a perusal of the literature, interviews, or questionnaires; analysis of statistical reports and group records; or direct observation. In addition to describing the situation, the diagnostic study seeks to explain the phenomena—to answer the *why* as well as the *what*, actively and specifically guided by propositions. The *experimental* design, on the other hand, seeks to organize the collection of evidence so as to permit inferences as to the tenability of a hypothesis. It may be employed in a created laboratory situation or a natural one. Determining the relationship of selected variables to each other is the major focus.

Exploratory and descriptive studies may or may not be more useful and scientific than elaborate experimental designs. Small studies may be as respectable and useful as large ones—they may be more so. The important point is that any one of these types of design is respectable and useful providing it is selected for its appropriateness to the solution of a particular problem; providing it is appropriate to the state of knowledge in a given area of study; and providing the research is well done.

¹ Elizabeth Herzog, "How Much Are They Helped?—Some Notes on Evaluative Research," *Children*, Vol. 5, No. 6 (November-December 1958), p. 238.

² Marie Jahoda, Morton Deutsch, and Stuart W. Cook, *Research Methods in Social Relations*, Part I, chap. III (New York: Dryden Press, 1951), pp. 28–85.

Areas of Research

There is no dearth of problems in social group work that can and should be researched. The selection of subjects for research should be based on knowledge of what has already been done. Early research in social work was directed toward the identification and understanding of broad social problems and environmental conditions. The survey movement furthered knowledge of community conditions, unmet needs, and gaps in services. Later, attention was directed to testing knowledge from economics, psychiatry, sociology, and psychology for its use in practice. A few group workers have long recognized the need for research to develop knowledge of the structure and dynamics of groups. Through the years we have identified such key concepts as are symbolized by the terms *social values*, *roles*, *status*, *social stratification*, *control*, *reference groups*, *group acceptance*, *leadership*, and *communication*. Some research is currently being done on the application of such concepts to social work practice. More specifically in relation to group work, there has been descriptive research to get facts about the number and characteristics of persons served by agencies, and types of service provided, and the interests of members or potential members. There has been research of a pre-evaluative nature, focused on the attitudes of members toward program content, the values of program activities in meeting needs of people at different age levels, members' reactions to group experience, and the extent to which—and reasons why—members drop out of groups. Reasons for turnover of personnel, the functions that staff members perform, the way in which they use their time, and the conditions under which they work have been explored. Problems relating to the motivation, recruitment, training, and assignment of volunteers have been given attention. There have been very few efforts to relate agency policies and procedures to the quality of the service given, or to establish criteria for the differential use of volunteers and staff having different educational backgrounds. Further research needs to be done in all these areas, and they merit discussion. But in this space I shall emphasize the development of typologies, the social group work process itself, and evaluation of changes in individuals that are associated with their group experience.

Development of Typologies

Social group work may be defined as a method in social work in which the group worker's focus is on assisting individuals, through group experience, to move toward the resolution of problems in some aspect of social functioning. Its optimum use depends, along with

other conditions, on the selection of appropriate goals related to differential diagnostic assessment of individuals *and* group forms and process. Moreover, it depends on the selective use of tools and professional skills. We are hindered from giving the best possible service to persons for many reasons, one being that we do not have adequate typologies of the goals of social group work, the problems or unmet needs with which we deal, and the forms of groups available for our use. Neither do we have adequate descriptions of the various patterns of activity of workers—or, in other words, types of social treatment.

The lack of adequate typologies is a serious gap in our professional knowledge. William Gordon once said that research theory alone would dictate that work is needed where the most troublesome gaps in our knowledge occur. Research theory would suggest also that we can identify these areas by the usual symptoms that indicate such a situation: disagreement, uncertainty, inability to proceed, and highly charged expressions of emotion.³ In a recent study of practice conducted by the Group Work Section of NASW, a majority of social group workers were in agreement with a proposed definition of social group work service, the general goals toward which the service is directed, and the conditions essential to the provision of service.⁴ But among a minority of the members there were disagreements—some of them expressed with a great deal of emotion—as to the specific meaning of terms, and with certain concepts. There was, for example, disagreement about the meaning of social adjustment and whether or not this was the primary goal of social group work. There was disagreement about the nature and severity of the problems or unmet needs of people that are within the purview of social group work. There was difference of opinion, too, about the forms of groups that qualify as being suitable to the use of group work method. A perusal of the literature also makes evident differing points of view in relation to this problem. It will not be easy to plan research projects to develop the necessary typologies, but it must be done.

The recent literature contains statements of goals of specific group services and of the use of social group work in helping persons with a variety of problems deemed appropriate to social work methods in varied settings, and has suggested classifications of group forms. An exploration of this literature focused on finding similarities and differences in descriptions of goals, of problems or unmet needs, and

³ William Gordon, *Toward Basic Research in Social Work* (St. Louis, Mo.: George Warren Brown School of Social Work, Washington University, 1951), p. 19.

⁴ Gertrude Wilson, *The Practice of Social Group Work* (New York: National Association of Social Workers, 1956). (Mimeographed.)

of the characteristics of groups, might well lead to the formulation of tentative classifications to be tested and refined through further work. Content analysis of records of interviews and group sessions and the findings from questionnaires or interviews with workers could be used to test these preliminary categories. Such research efforts might help us to answer a number of troublesome questions, as: (1) Who needs and should have group work service? (2) For what reasons? In order to achieve what results? (3) Can goals be delineated which are either preventive or of the nature of social action, in addition to those of a social treatment type, consistent with the method and process of social group work? (4) What group forms—according to purpose, membership composition, and organizational structure—are most suitable for use in the achievement of what goals—and what people?

Probably the development of a typology of social treatment is not yet possible. By a typology of treatment is meant a classification of patterns of activities of group workers in enabling the members and the group to move toward the achievement of goals. This task must probably wait until we have typologies of goals, of problems or unmet needs, and of group forms. Probably, too, a typology of treatment must await a deeper understanding of the social group work process itself than we have today.

Research on the Social Group Work Process

Considerable scholarly effort has been devoted to hammering out knowledge of the practice of social group work through describing and analyzing examples of it. Case studies have yielded propositions to be used as a basis for further research. Such studies are possible without great expenditures of time and money. (A word of caution however: properly done, case studies demand as rigorous adherence to sound research principles as do any other projects.) Our scholars have also set forth statements of some concepts, principles, techniques, and tools of social group work. Further conceptual clarification and delineation of principles are essential to the ultimate development of theory of practice.

"Theory does not always come from posing 'theoretical questions,'" Polansky has pointed out; perhaps more frequently it comes from persistently asking the simple *what*, *how*, and *why* of any phenomenon.⁵ In social group work a great need is to learn more about the

⁵ Norman Polansky, "Comments," *Social Service Review*, Vol. 30, No. 3 (September 1956), p. 320.

how, what, and why of the social group work process. As Gordon has said, "It is from this process, the client-worker interaction in the agency-program focus, that the knowledge most used in social work and most nearly unique to it has come—through practice. It is on this point that the least research has been focused. This is the real disjunction between social work knowledge and social work research."⁶

A few efforts have been made to describe the components of the social group work process. A subcommittee of the Committee on Practice of the Group Work Section of NASW reported last year on its efforts to develop, from actual analysis of a variety of practice situations, a list of elements that constitute the social group worker's use of himself in influencing the group experience. The results of this effort, combined with previous work done by the writer, were the basis for a revised project. Two groups of students participated in preparing a tentative set of criteria for judging the skill of the worker in the social group work process. In using the criteria on a series of records, it was learned that there was high agreement among the students and with the instructor as to the presence of the element and the extent to which there was evidence of skill in its use. Such an instrument can be further tested, refined, and then retested. To be able to describe such a constellation of attitudes and acts of the worker when he is in interaction with group members, and to have agreement among group workers on what constitutes a high level of skill, would certainly tend to improve practice.

Another approach to studying process is suggested by a plan developed by the Committee on Practice of the Group Work Section of NASW, of which Gertrude Wilson is the chairman. Its focus is on identification of the social worker's responses in group situations. Through an analysis of records prepared by experienced practitioners according to a specific plan, it should be possible to develop some generalizations about what the worker does, how he does it, why he does it, and with what results.

Analysis of particular problems in social group work practice is another potentially fruitful research undertaking. Through systematic examination of situations in which the problem occurs, characteristics and elements can be identified or clarified. Many problems might be so studied. In a rather cursory survey of process records, those that suggested themselves were focused around: (1) The

⁶ William E. Gordon, *The Focus and Nature of Research Completed by Graduate Students in Approved Schools of Social Work, 1940-1949, as Indicated by Thesis and Project Titles* (New York: American Association of Schools of Social Work, 1951), p. 17.

social group worker's behavior in relation to problems in interpersonal relations in groups—enabling an isolate to become part of the group; integrating newcomers into the group; bringing about change in such potentially unhealthy roles as those of scapegoat, clown, dominator; the way in which fluctuating membership influences the worker's attitudes toward the group and the progress of the members; changing undesirable subgroup formation; and factors in group composition that aggravate the rejection of some members. (2) An identification of barriers to both verbal and nonverbal communication of members to worker and agency, and of members to members. (3) The differential behavior of the group worker in relation to a variety of conflict situations. (4) The social group worker's problems in the use of various forms of authority or limits as these are reflected in the social group work process.

After selecting a problem for study, a survey of the literature can be rewarding. One step too often omitted is that of searching the literature of the related sciences—for example, research on communication problems in small groups as reported in the psychological and sociological literature. It might next be possible to devise a system for recording descriptions of incidents that reflect the problem, and the use of a procedure for content analysis to develop insight into the nature and complexities of the problem and the worker's use of himself in relation to it. Through such means, it is possible to understand more clearly the nature of a problem, the worker's part in it, and the rationale behind the worker's activities.

Our progress has not been rapid in designing and conducting research on the most critical and distinctive aspect of social group work just discussed: the process or interaction between worker and members in group social work situations. But we are making some progress which will be more evident in the next area to be mentioned.

Evaluating the Progress of Individuals in Groups

Evaluative research attempts to evaluate or make reliable judgments about the effectiveness of something. In social work it is focused on the progress made by persons or groups—the quality or effectiveness of a program, technique, service, or policy. In a recent article Herzog has stated that a review of the literature, reinforced by discussions with research practitioners, indicates overwhelming agreement on the need for evaluative research, the complexity of the methodological problems involved, and the fact that no one has so far solved them. There was agreement also that, even before these problems are solved, very much is to be gained from the right kind of

evaluative research. Limited findings can be most useful, providing the limitations are clearly recognized and stated. The by-products are often more useful than the major findings, often contributing to the understanding of practice as well as the results.⁷

Evaluating what happens to individuals who are having a group work experience is apparently of great interest to social group workers today. In a recent survey of members of the National Association of Jewish Center Workers conducted to ascertain the interests of members in eleven suggested areas of research, "measuring individual growth through participation" ranked first.⁸ Another indicator of widespread interest in the subject is the number of plans that are being developed and the research that has been or is being attempted in this area.

As Alan Klein has recently pointed out, evaluation of changes in individuals must be based on clearly formulated objectives related specifically to diagnosis of individual need for help in some aspect of social functioning. There is need to perceive the interrelationship among goals, content of the group experience, method, and outcomes. He suggested also the proposition for further testing that changes in attitudes and behavior occur through program, change in self-image, reference group orientation, changes in social role and in perception of the role of the worker, and group factors.⁹ Here is one clear illustration of the use of social science theory by group workers in solving problems in social work research.

Efforts to evaluate changes in attitudes and behavior of members that occur in association with group work service normally tend to be made in relation to demonstration or experimental projects, in which the purpose of the research is to account to a sponsoring or financing organization for the use of money as a basis for making decisions about whether or not the service merits continuance or support. Several projects in hospitals are directed toward demonstration of the value of social group work, combined with social casework and other services, in preparing patients to leave the hospital and make an adjustment to family or community living. One such project is being conducted at the Veterans' Administration Neuropsychiatric Hospital in Los Angeles to demonstrate the use of social group work in helping regressed schizophrenic patients in

⁷ Elizabeth Herzog, "One Type of Evaluative Research," *Social Service Review*, Vol. 30, No. 3 (September 1956), p. 322.

⁸ Irving Canter, "A Review of Research Interests in Jewish Community Centers," *Jewish Center Program Aids*, Vol. 20, No. 2 (Spring 1959), pp. 9-10.

⁹ Alan Klein, "Achieving Individual Change Through Group Services." Paper delivered at National Conference on Social Welfare, San Francisco, May 1959.

family care homes to improve in their social relationships and vocational potential in order to move toward integration into the community. A larger and more ambitious project has been developed in Kansas. This project aims to test the use of social group work in preparing patients for return to their families and communities.¹⁰ The Jewish Community Centers Association of Los Angeles, in cooperation with Cedars of Lebanon Hospital, is seeking financial support of a demonstration-research project. Here the hypothesis is that group work service will provide chronically ill geriatric patients with the ego strength to give up their needs for excessive physical ills.

Apparently a larger number of projects have as their general aim the demonstration of the value of group work in effecting changes in attitudes and behavior of members of gangs or of other adolescents whose behavior is considered delinquent or socially deviant.¹¹ One project is testing whether contagion of gang activity to younger children can be prevented by detecting and working with groups of younger children who need help, and by assisting parents of children, through group discussion, to improve their roles as parents.¹² Still another research proposal would demonstrate the value of a saturation program, including social group work service, that makes essential services available to youth in their own neighborhood.¹³

Studies have been made of changes in the attitudes and behavior of members of groups associated with their participation in the regular program of group service agencies. This writer's doctoral dissertation,¹⁴ the work of Henry Maas on the evaluation of members of boys' groups,¹⁵ and the report of a research committee of the Group

¹⁰ Mildred G. Brandon, "NIMH Project Plan," Osawatomie State Hospital, Kansas, OM 215, undated, p. 14.

¹¹ See, for example, "Prevention of Juvenile Delinquency" (title of issue as a whole), *Annals of the American Academy of Political and Social Science*, Vol. 322 (March 1959); Paul Crawford, James R. Dumpson, and Daniel J. Malamud, *Working with Teen-age Gangs* (New York: Welfare and Health Council of New York City, 1950); Walter B. Miller, "The Impact of a Community Group Work Program on Delinquent Corner Groups," *Social Service Review*, Vol. 31, No. 4 (December 1957), pp. 390-406; Helen L. Witmer and Edith Tufts, *The Effectiveness of Delinquency Prevention Programs*, Children's Bureau Publication No. 350 (Washington, D. C.: U. S. Government Printing Office, 1954), pp. 31-34.

¹² Ruth S. Teffenteller, "Delinquency Prevention Through Revitalizing Parent-Child Relations," *Annals of the American Academy of Political and Social Science*, Vol. 322 (March 1959), pp. 69-78.

¹³ Eva Rosenfeld, "A Research-based Proposal for a Community Program of Delinquency Prevention," *Annals of the American Academy of Political and Social Science*, Vol. 322 (March 1959), pp. 136-145.

¹⁴ Helen Northen, *Evaluation of Social Group Work in the Development of Qualitative Participation*. Unpublished dissertation, Bryn Mawr College, 1953.

¹⁵ Henry Maas, "Evaluating the Individual Member in the Group," *Group Work and Community Organization 1953-54* (New York: Columbia University Press, 1954), pp. 36-44.

Work Section of the Los Angeles chapter of NASW¹⁶ seem to be the only published reports of recent projects. One co-operative project, cosponsored by the Pittsburgh NASW and the School of Social Work of the University of Pittsburgh, has been planned. Its aims are to study the concept of relationship competence, measure the movement of individuals in sixty small groups, evaluate social group work as a means by which movement may be facilitated, and provide tools for improving methods of enhancing social functioning through guided group experience. A few other group work Sections of NASW chapters seem to be considering such research at this time. In view of the number of workers in this field of practice, however, it is unfortunate that so little has been done.

Such research efforts as have been made or planned have both common characteristics and differences. The most frequent aim has been to test the extent to which changes in individuals are associated with participation in group experience. The projects have described, to some extent, a number of facets of the service as well as the direction of change. But only a few have attempted to describe group work practice in detail or to evaluate the quality of it. A variety of research designs have been used. Most of the projects have employed some procedure for comparing different workers' judgments of the direction and extent of changes, in accordance with predetermined criteria. Most judgments have been made from reading records prepared by group workers specifically for purposes of research. One project utilized judgments of members themselves and their relatives; and one, follow-up visits to the homes of members to ascertain the stability of the changes. New scales for use in assessing individual and group movement have been developed; one project has used the Hunt movement scale. A few have relied on comparison of rates of social breakdown—usually hospitalization or delinquency rates. One study employed a systematic analysis of written records of observable behavior patterns as these changed through time. A number have attempted to test whether or not the group work service was actually responsible for the results, through the use of control groups.

The hazards in the use of control groups are many. But this does not mean they should not be used. Their use has added to our knowledge of social group work and social work research. However, the best professional judgment of group workers and research practitioners should be brought to bear on the decision as to which type of re-

¹⁶ Helen Northen, "Evaluating Movement of Individuals in Social Group Work," *Group Work Papers 1957* (New York: National Association of Social Workers, 1958), pp. 28-37.

search design and what specific procedures and techniques are most appropriate in order to achieve specific research objectives.

Many values accrue to the researcher and the profession from studies of individual development or change in relation to specified objectives. Such research points up the fact that some members progress more than do others; that some seem to be harmed rather than helped by our efforts. These facts force us to look for reasons—to ask questions—and to speculate about factors of difference in the members and the conditions under which they live. They force us to examine the nature and quality of the service given in relation to individual needs and problems. They suggest a need to look at the functions, social climate, policies, and administrative procedures of the agency in which the service is given. No method of service can ever be 100 percent successful; perhaps, though, it is important for us to learn whom we can help most, under what conditions, and with what specific tools and skills.

Ultimate evaluation of the effectiveness of social group work is probably not researchable at this time. Such ultimate evaluation must build on all the areas of research mentioned earlier in this paper: a development of typologies of goals, problems or unmet needs of persons to be served, and group forms and patterns of worker intervention in the group work process. To be able to evaluate a worker's skill in the use of the group work method, and to be able to evaluate the characteristics and movement of the group as this relates to individual movement, are both necessary before ultimate evaluation of the effectiveness of service can be achieved. The efforts being made to develop typologies; to describe elements of the group work process and the group problems to be resolved with the aid of a social group worker; to clarify concepts; and to develop and test criteria for evaluating the quality of the service—all will help move us forward toward the development of practice theory and consequent improvement of practice.

As Alfred Kahn once said so aptly, "Social work in the coming years either must formulate and test its own knowledge on a substantial scale, supplementing it with critical use of social science knowledge, or it must surrender its professional functions to new and more rigorous disciplines, thereby assigning its practitioners to the role of useful technicians and abandoning the hope of attaining full professional status for the field . . . the time of choice has now arrived."¹⁷

¹⁷ Alfred J. Kahn, "The Nature of Social Work Knowledge," *New Directions in Social Work* (New York: Harper & Brothers, 1954), p. 211.

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